

HL9.4.1

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Establishment of Toronto
Urban Health Fund Indigenous
Review Panel

Speaker: Gary Thompson

Sept 23, 2019 HL9.4 <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL9.4>

Good day all long time no see, I last spoke to the board Feb 25. Few things the board might want to review.

First paragraph this item quote “Indigenous Funding Stream on HIV prevention, harm reduction, and child and youth resiliency”

Anyone with a compromised immune system that suffers any respiratory emergency and does not receive prompt rescue breathing the preexisting condition is compounded”

Every dollar spent on harm reduction saves the taxpayer four dollars. Some Public Health policies are causing needless deaths and costing the taxpayer a fortune.

Your children and youth know deny rescue breathing from any respiratory patient and give chest compressions is dead wrong.

Last line this item quote “There is no financial impact resulting from the adoption of the recommendation in this report”

Feb 25, 2019 BOH At 1 hr 9 minutes Reed Siemieniuk MD quote "I am sick of telling parents their children are deadcase report 'Michael' permanent brain damage lack of rescue breaths. 'Michael' cannot provide for his wife and two children." That's what happens any of the 100s of causes breathing emergency deny the 'Breath of Life' https://youtu.be/4l_pOPxnow

Notes on references

Reference 1 No mention of rescue breathing, photo contains no rescue breathing barrier masks. Jan 2016 Barbara Yaffe MD and John Tory press conference quoted "Rescue breaths most important" https://youtu.be/_eUqXct3s_E

Reference 2 No mention rescue breathing Note page six Rosana Salvaterra MD et al signed a letter Premier Wynne with 234 health care workers. cf references 3 - 3A

Reference 3(A) quote "a significant and rapid expansion of emergency first aid treatment" First aid means rescue breathing, not cardiac compressions.

Reference 4 Title letter signed by 700+ health professionals quote "Open Letter Calling for a State of Emergency for Opioid Overdoses and related Deaths in Ontario" "evidence-based action by the Province" "evidence-based policy and learning from the experiences in British Columbia to protect their lives" BC and elsewhere rescue breathing first is essential, Naloxone and continue rescue breaths"

Reference 5 Coroners verdict "First aid, do not deny rescue breathing to anyone"

Reference 6 Hear City Hall does not care much for Premier Ford all the information to sink his government number six

Reference 8 Sept 2018 Health Canada removed rescue breaths

My Father a graduate U of T medical school He does not tug his forelock to so-called experts. He finds it odd he receives threatening letters and phone calls about the issue of rescue breathing. Hi Dad I am on TV

Reference

- 1. Jan 2019 'Indigenous Overdose Strategy' Report see pages 8-9**
<https://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-129421.pdf>
- 2. Sept 4, 2019 Association Municipalities Ontario 'Addressing the Opioid Overdose Emergency in Ontario'** <https://www.amo.on.ca/AMO-PDFs/Reports/2019/Addressing-the-Opioid-Overdose-Emergency-in-Ontari.aspx>
- 3. April 26, 2016 'Re: Urgent Request for Ontario Overdose Coordinator, Plan and Response'**
http://www.drugstrategy.ca/uploads/5/3/6/2/53627897/160426_ontario_overdose_coordinator_plan_and_response__4_.pdf
- 3(A) Copy late addition to letter Premier Wynne and Eric Hoskins MD**
- 4. Aug 28, 2017 'Open Letter Calling for a State of Emergency for Opioid Overdoses and related Deaths in Ontario'**
https://issuu.com/harmreductionpchc/docs/opiate_emergency_letter_with_signat
- 5. Dec 20, 2018 Brad Chapman coroners verdict**
<https://www.mcscs.jus.gov.on.ca/english/Deathinvestigations/Inquests/Verdictsandrecommendations/OCCInquestChapman2018.html>
- 6. MOHLTC** <https://www.ontario.ca/page/get-naloxone-kits-free#section-4>
- 7. Toronto District School Board See page 15 -16**
<http://www.tdsb.on.ca/Leadership/Boardroom/Agenda-Minutes/Type/A?Folder=Agenda%2F20171123&Filename=171123+Opioid+3266.pdf>
- 8. Health Canada Wallet Card** <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/opioid-overdose-wallet-cards-public-events/full-wallet-card-eng.pdf>



TORONTO INDIGENOUS OVERDOSE STRATEGY: SUMMARY REPORT

January 2019

strengthened community, regional, and national responses to substance use issues.⁸ In the *Honouring Our Strengths* continuum, outreach is one component of an element of care that seeks to provide secondary risk reduction by engaging people and communities at high risk of harm due to substance use issues. These individuals may not otherwise receive support to reduce the risk to themselves and their communities, but this can be done through targeted activities that engage people at risk and connect them with care that is appropriate for their needs. Allocating resources to services that support direct needs and can mitigate harm is necessary for supporting IPUS.

Outreach can also be a channel for offering and increasing access to traditional sacred medicines used in Ceremony for Indigenous peoples who are underhoused. Offering healing on the streets through counselling and simply ‘knowing’ IPUS who are homeless can lead to critical interventions that keep them safe. The use of peer outreach by Indigenous Peoples who themselves have lived experience of substance use and/or being underhoused is especially imperative for ensuring culturally-safe outreach. Further, offering outreach during the evenings will add more opportunities to connect with IPUS; this was noted by both Advisors and service providers. Organizations should utilize progressive recruitment strategies and culturally-safe hiring practices in the hiring of Indigenous outreach workers to work with Indigenous Peoples who use substances. From the point of view of service providers, resources are stretched thin, and funding is more generous for programming that is delivered at fixed sites and that can be quantified in terms of ‘bodies through the door.’ Reconsideration of this approach to funding is very much needed.

2. WIDE AVAILABILITY OF NALOXONE & DRUG-TEST KITS

2.1 We call upon Toronto Public Health to continue to increase the presence of naloxone and naloxone-trained individuals within IPUS communities. Availability of and access to naloxone should be increased through conventional (e.g. community service providers) and unconventional (e.g. housing property managers) channels to facilitate the distribution and availability to Indigenous Peoples.

2.2 We call upon social housing providers to work with Toronto Public Health and community service providers to train staff and tenants in overdose prevention and response, including how to administer naloxone, and to ensure naloxone is available to tenants who use substances to reduce the risk of overdose deaths in housing settings.

2.3 We call upon the Centre on Drug Policy Evaluation and Toronto Public Health to expedite the development of an effective and accessible drug testing program.

Naloxone kits and training are becoming more widely available across Toronto, and are saving lives. However, some individuals are hesitant to call 911 for medical help in cases of an overdose for fear of legal reprisal from police who may also attend the call. The federal government has passed the Good Samaritan Drug Overdose Act, which protects people at the scene of an overdose from charges of drug possession, but not everyone is aware of this protection and it should be promoted within Indigenous communities. Further, there is significant distrust of the police among IPUS, and additional harm reduction and cultural safety training for police would help IPUS feel safer reaching out for and accepting help from police personnel.

Time is of the essence in cases of opioid overdoses and having naloxone kits as accessible as possible is crucial. Training and distribution of naloxone kits to IPUS and community members who can administer the medication



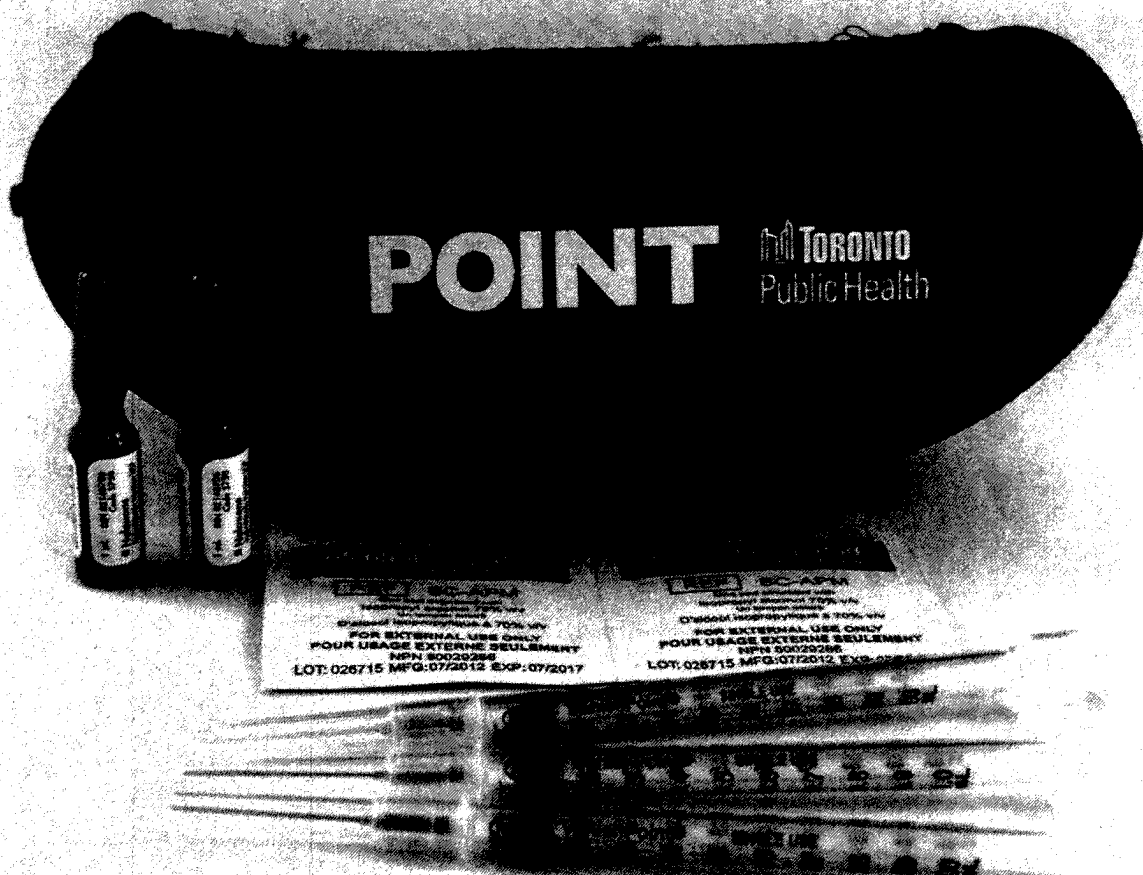
while waiting for paramedics will save lives. Toronto Public Health is supporting the expanded distribution of naloxone kits through community-based services, and this work needs to continue. The risk for death from opioid overdose is especially high for people using drugs alone, including in their homes. Having naloxone kits available for distribution through social housing programs, and training individuals such as superintendents, landlords, maintenance workers, and tenants, will make naloxone more available to IPUS who are housed in these settings.

Further, widely available and free drug testing can provide helpful information to IPUS to guide their decisions about using substances before they consume them. This is especially important given that the current illicit drug supply in Toronto is contaminated with fentanyl of varying potencies. Fentanyl test strips, for example, can detect the presence of fentanyl (although they do not indicate potency). The Centre on Drug Policy Evaluation is working with Toronto Public Health and some of the supervised consumption services in Toronto on a more comprehensive drug testing program that will roll out in 2019. Making sure that all advances in drug testing reach IPUS who are most at-risk of overdose is crucial.

*No mention rescue breathing
Photo no barrier masks*

“...housing programs are key locations where naloxone should be available”

Toronto Overdose Action Plan



Addressing the Opioid Overdose Emergency in Ontario

Municipal Recommendations for a Provincial Response

September 4, 2019

No mention rescue breathing

Context:

The opioid overdose emergency is affecting communities right across Ontario. Overdoses and deaths are on the rise. It is not an issue confined to a few areas. The emergency is playing out in urban, rural, northern, and remote settings. Addiction to both prescription and illegal opioids is taking a toll on individuals, families, and entire communities. The prevalence of addiction and the incidence of injuries and deaths associated with opioid use disorder have increased in recent years. Addictions are often concurrent with mental health disorders.

Municipal governments, District Social Service Administration Boards and local Public Health agencies are contributing to solutions on the ground. However, municipal services, including public health, social services, police, fire and paramedics across Ontario, are already under great pressures to keep up and combat rising opioid-related harms and death rates. Local responses to the opioid overdose emergency need provincial leadership and support. The time for action to address this health emergency is now.

With the provincial government developing a Mental Health and Addictions Strategy, there is opportunity to direct specific attention to the opioid overdose emergency through an overall drug strategy. With this in mind, the Association of Municipalities of Ontario (AMO) is providing a broad range of recommendations to inform a provincial response. These recommendations have been adopted by AMO's Board of Directors based on the advice of AMO's Health Task Force, aided by an Expert Municipal Working Group on Opioids. The membership of these groups is outlined in Appendix A and B. They included representatives from various municipal sectors involved in the local response including public health, paramedics, police, and social services.

The recommendations are as follows:

Initial Foundational Steps (recommended action for 2019):

1. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary.
2. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a non-discriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved.
3. That the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the emergency, and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors.

4. That the provincial coordinator establishes formal means to engage with all relevant stakeholders, including municipal governments, public health units, and people with lived experience in order to hear advice and feedback on new and ongoing initiatives.

Further Actions Based on Consultation with Stakeholders:

5. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing-related factors, poverty, unemployment, mental illness, and trauma.
6. That the provincial coordinator undertakes a study scoping out the problem of drug misuse, documenting local responses, and identifying leading practices.
7. That the provincial coordinator plays a role to help municipal governments share information with each other on successful elements of drug strategies and leading practices.
8. That the provincial coordinator facilitates better utilization of real-time data reporting from local surveillance systems to inform and guide provincial and local responses including how to reach at-risk populations.
9. That the provincial coordinator develops sub-strategies based on the data for specific populations over represented among drug users, with adequate consultation with these populations. Any sub-strategy seeking to support Indigenous peoples should be developed in consultation with Indigenous communities, Indigenous service providers with relevant local service providers including municipal governments, local Public Health agencies and District Social Service Administration Boards.
10. That the Ministry of Health provides more funding to support, enhance and expand evidence-based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario.
11. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction.
12. That the Ministry of the Solicitor General provides enhanced funding to enforce laws surrounding illicit drug supply, production, and distribution.
13. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services.
14. That the Ministry of Health ensures there is awareness of the opioid emergency throughout the health care transformation process and ensure necessary services are available through the Ontario Health Teams, including primary care, to treat addiction.
15. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services.
16. That the Ministry of Health should continue work with the medical community on appropriate pain management and prescribing of opioids.

17. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities.
18. That the provincial coordinator work with the Ministry of Education to add a health-promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making.
19. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use.
20. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health.
21. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province.
22. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses.

Appendix A – AMO Health Task Force Membership

Graydon Smith, Chair, Mayor, Town of Bracebridge

Bernie MacLellan, Councillor, County of Huron, and Mayor, Municipality of Huron East

Dan McCormick, CAO, Rainy River District Social Services Administration Board

Donald Sanderson, CEO, West Parry Sound Health Centre

Doug Lawrance, Mayor, Municipality of Sioux Lookout

Gary Carr, Regional Chair, Region of Halton

Jane Sinclair, General Manager, Health and Emergency Services, County of Simcoe

Jesse Helmer, Councillor Ward 4, City of London

Jim Pine, Chief Administrative Officer, County of Hastings

Joanne Vanderheyden, Mayor, Municipality of Strathroy-Caradoc

Katherine Chislett, Commissioner of Community & Health Services, Regional Municipality of York

Dr. Liana Nolan, Medical Officer of Health/Commissioner, Public Health, Region of Waterloo

Lisa Levin, Executive Director, AdvantAge Ontario

Loretta Ryan, Executive Director, Association of Local Public Health Agencies

Mabel Watt, Manager, Policy Integration, Region of Halton

Nancy Polsinelli, Commissioner of Health Services, Regional Municipality of Peel

Neal Roberts, Chief of Middlesex-London Emergency Medical Services Authority, and President,
Ontario Association of Paramedic Chiefs

Norman Gale, City Manager, City of Thunder Bay

Penny Lynn Lucas, Councillor, Township of Ignace

Peter Dundas, Chief Paramedic Services, Regional Municipality of Peel, and Ontario Association of
Paramedic Chiefs Board Member (Vice-President)

Dr. Robert Kyle, Commissioner and Medical Officer of Health, Regional Municipality of Durham

Monika Turner, Director of Policy, Association of Municipalities of Ontario

Michael Jacek, Senior Advisor, Association of Municipalities of Ontario

Leslie Muñoz, Policy Advisor, Association of Municipalities of Ontario

Appendix B – Municipal Opioids Expert Working Group Membership

Michael Jacek, Chair, Senior Advisor, Association of Municipalities of Ontario

Adrienne Jugley, Commissioner, Community Services, Region of Niagara

Brian Gibson, Deputy Chief, Peel Region Paramedic Services, Region of Peel and Ontario Association of Paramedic Chiefs

Brian Marks, Chief Administrative Officer, District of Cochrane Social Services Administration Board

Dawn McAlpine, General Manager, Community & Corporate Services, City of Barrie

Dr. Elizabeth Richardson, Medical Officer of Health, Hamilton Public Health

Esther Moghadam, Chief Nursing Officer/Director for Health Promotion, Ottawa Public Health

Greg Sage, Chief, Halton Region Paramedic Services, Region of Halton and Ontario Association of Paramedic Chiefs

Dr. Janet DeMille, Medical Officer of Health, Thunder Bay District Health Unit

Leslie Muñoz, Policy Advisor, Association of Municipalities of Ontario

Dr. Lianne Catton, Medical Officer of Health, Porcupine Health Unit

Dr. Lisa Simon, Associate Medical Officer of Health, Simcoe Muskoka District Health Unit

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa)

Mark Baxter, Director, Police Association of Ontario

Melissa Hutchinson, Program Manager, Regional Municipality of Durham

Dr. Rita Shahin, Associate Medical Officer of Health, Toronto Public Health, City of Toronto

Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough Public Health

Tim Farquharson, Deputy Chief of Police, Peterborough Police Service and Ontario Association of Chiefs of Police

Tuesday, April 26, 2016

Hon. Kathleen Wynne, Premier of Ontario
Legislative Building
Queen's Park
Toronto, ON M7A 1A1
premier@ontario.ca

Hon. Eric Hoskins, Minister of Health and Long-Term Care
10th floor, Hepburn Block
80 Grosvenor St.
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Re: Urgent Request for Ontario Overdose Coordinator, Plan and Response

Dear Premier Wynne and Minister Hoskins,

Thank you for your letter of January 4, 2016, highlighting some initiatives at the Ministry of Health and Long-Term Care related to opioid use. We have provided your response to the signatories of the letter of November 2, 2015. That letter, signed by almost 80 organizations and professionals from across Ontario, called for dedicated overdose leadership, expedited overdose planning and response including advancing recommendations found in the Municipal Drug Strategy Coordinators Network of Ontario's (MDSCNO) Prescription For Life previously provided to the Province of Ontario on June 1, 2015.

We were encouraged to learn from Minister Hoskins that a "health leadership table" had met on October 13, 2015 to discuss a narcotics strategy and respectfully request access to the proceedings of that meeting, as we are keen to work with partners and colleagues in a collaborative and informed way.

We strongly advise that Ontario move ahead immediately to establish leadership to coordinate collaborative planning and responses, including emergency preparedness plans and a clearly defined pathway for invoking emergency health/outbreak measures related to opioid overdoses. Ontario is unprepared for the influx of bootleg fentanyl and other toxic opioids on top of the existing opioid crisis, already called the "greatest drug safety crisis Canada has ever faced."¹ Time is of the essence, and health systems, alongside other sectors, form an essential part of an emergency response.

We respectfully submit that the opioid overdose crisis in Ontario, at one death every 14 hours², is poised to rise sharply given the presence of non-pharmaceutical 'bootleg' opioids, specifically bootleg fentanyl in both powder and pill forms, in several Ontario communities. A surge in opioid-related fatal and non-fatal overdoses is anticipated this year, and/or is thought to already be underway³. On April 15, an overdose public health emergency was declared across British Columbia by Health Minister Dr. Terry Lake and chief Public Health Officer Dr. Perry

Kendall. In Alberta, deaths from bootleg fentanyl spiked 4,500% from 2011-2015⁴, providing a glimpse of what could unfold in Ontario. Similar spikes in bootleg fentanyl deaths are occurring throughout the U.S.A., and in all border states from Ohio to Maine. To add to the urgency, recent seizures of non-pharmaceutical synthetic fentanyl and W-18 in Quebec⁵ and Alberta⁶ are thought to contain enough lethal doses to kill every Canadian⁷.

Ontario communities are working strategically on issues of substance use on an ongoing, collaborative basis by integrating prevention, harm reduction, treatment and justice/enforcement approaches. Critical overdose prevention and intervention initiatives must include a significant and rapid expansion of emergency first aid treatment access (e.g. naloxone), the establishment of real-time surveillance, expedited toxicology processes, and timely mortality reporting as established in British Columbia. We concur with the Honourable Minister of Health Dr. Jane Philpott in calling for a drug policy that is “comprehensive, collaborative, and compassionate,” grounded in a “firm scientific foundation.”⁸

This crisis provides an ideal opportunity to integrate Public Health and health service providers, as noted in the *Patients First: Action Plan for Health Care* released in February. Given the tremendous concern and multi-sectoral expertise that exists within our networks, we urge the Province of Ontario to engage and collaborate with concerned Ontarians. We look forward to having the Province as a partner and working together to ensure the lives of Ontario families are afforded the same level of health and safety protections provided to other important though less common forms of death and injury (e.g., motor vehicle collisions, anaphylaxis, influenza). Communities across Ontario are ready and will benefit from a stronger, enabling and collaborative Provincial role in saving lives and reducing harms.

We thank you in advance for your attention on this urgent matter and look forward to hearing from your office in order to meet and discuss these issues fully. To arrange this meeting, please contact Dr. Rosana (Pellizzari) Salvaterra at rsalvaterra@pcchu.ca / 1-877-743-0101, ext. 264.

Sincerely,

AAPRICOT (Addiction Assessment Psychotherapy in Community of Toronto)

Ada Giudice-Tompson, Vice-President, Advocates for the Reform of Prescription Opioids (ARPO)

Adam Chalcraft, Harm Reduction Coordinator, Peel HIV/AIDS NETWORK

Adam van Dijk, MSc, Epidemiologist, Kingston Frontenac and Lennox & Addington Public Health
Addiction Services of Thames Valley

Alejandra Ruiz Vargas, Fred Victor, Follow Up Support Worker-Streets to Homes, Toronto

Alexander Zsager, BA, Consultant on Mental Health and Addictions for the Homeless, Toronto

Alexandra Blight, RN, St. Michael's Hospital

From: Alida Tanna
Sent: Tuesday, April 26, 2016 4:01 PM
Subject: LETTER: Ontario Overdose Coordinator, Plan and Response

Good afternoon,

Thank you for your support on the letter urgently calling for an Ontario Overdose Coordinator, Plan and Response. In just two business days, 234 individuals and organizations from across Ontario have supported this critical request!

The final letter was sent today to Premier Wynne and Minister Hoskins. Any response received will be forwarded to all signatories. A copy of the letter will be posted at www.drugstrategy.ca later this week.

A friendly amendment was added into the final letter as per requests received to ensure naloxone access was made explicit beyond the Prescription For Life report. The change was made to paragraph five, specifically, in bold:



↑
“Critical overdose prevention and intervention initiatives must include a **significant and rapid expansion of emergency first aid treatment access (e.g. naloxone)**, the establishment of real-time surveillance, expedited toxicology processes, and timely mortality reporting as established in British Columbia.”

BC 'First Aid' rescue breaths as per all medicine

Thank you again for your support. Please know that it is very much appreciated and we hope, like you, that it makes a difference in Ontario.

Alida Tanna

Executive Assistant to

Dr. Rosano (Pellizzari) Salvaterra, Medical Officer of Health

and the Board of Health

Peterborough County-City Health Unit

NEW ADDRESS: Jackson Square, 185 King Street,

Peterborough, ON K9J 2R8

p. 705.743.1000 or toll-free 1.877.743.0101, ext. 264

f. 705.743.1810

e. atanna@pcchu.ca

British Columbia rescue breaths <https://www2.gov.bc.ca/gov/content/overdose/what-you-need-to-know/responding-to-an-overdose>

Open Letter Calling for a State of Emergency for Opioid Overdoses and related Deaths in Ontario

To the Honourable Kathleen Wynne, Premier of Ontario and Members of the Cabinet of Ontario,
CC:

Dr. Eric Hoskins, Minister of Health and Long-Term Care, Ontario

Dr. David Williams, Chief Medical Officer of Health and Provincial Overdose Coordinator,
Ontario

Dr. Dirk Huyer, Chief Coroner for Ontario

Dr. Peter D. Donnelly, President and Chief Executive Officer, Public Health Ontario

Elizabeth Dowdeswell, Lieutenant Governor of Ontario

Dr. Jane Philpott, Minister of Health, Canada

We the undersigned harm reduction workers, nurses, physicians, healthcare providers and public health officials call on you and your Cabinet, on behalf of the Government of Ontario, to immediately declare an emergency pursuant to the power vested in you by section 7.0.1 of the Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9 ("Act"), in response to the marked increase in opioid overdoses and related deaths throughout Ontario.

Quote 'related deaths' many non ODs have been maltreated chest compressions. Signs of OD mimic any breathing emergency.

For months, front-line harm reduction workers and healthcare professionals have noted a disturbing and sustained increase in non-fatal and fatal overdoses amongst people who use drugs. Our healthcare and public health systems have been severely limited in their ability to adequately respond as a result of limited resources and poor and outdated data that have prevented swift, safe, and effective program developments for this emergency.

The consequences have been clear: lives lost, families destroyed and harm reduction and healthcare worker burnout.

As healthcare providers and public health officials, we lament the insufficient urgency and breadth of our response to harm reduction workers' alerts and are very concerned about the lack of clear, decisive, effective and evidence-based action by the Province. A declaration of an emergency will allow harm reduction workers, public health, primary care, addictions medicine, psychiatry and internal medicine teams to develop safe, effective and equitable responses to this emergency. The declaration of an emergency would facilitate, for example, emergency orders for increased funding for front-line harm reduction workers, the rapid establishment of additional overdose prevention sites and the timely establishment of comprehensive low-barrier managed opioid programs. This would send a crucial message to survivors, families and communities affected by this epidemic that their lives are respected as having equal value to that of all people living in Ontario and that the Government is acting on evidence-based policy and learning from the experiences in British Columbia to protect their lives.

B.C. as everywhere else teaches rescue breathing

Now is the time for action to declare an emergency in Ontario with respect to the opioid epidemic. The criteria stipulated in section 7.01(3) of the Act for the declaration of an emergency have been well met; the scale of the overdose epidemic is large with the potential to increase dramatically in a short time. This situation requires immediate action. Furthermore, currently existing health systems are inadequately resourced to respond effectively to the emergency - for example, front-line agencies do not have the resources to recruit new harm reduction workers. We call on you and your government today to exercise your power in the interest of an effective and moral response to this growing public health emergency before more lives are unnecessarily lost.

Sincerely, **700+ MDs RNs & other health professionals**

Alexander Caudarella MDCM CCFP ABAM (Dipl)
Addiction Family Physician
Mental health and Addictions, St. Michael's Hospital
Clinical lecturer, department of community and family medicine, University of Toronto

Zoë Dodd - Hepatitis C Program Coordinator
South Riverdale Community Health Centre

Ahmed Bayoumi, MD MSc FRCPC
Internist
Professor, University of Toronto

Michaela Beder, MD FRCPC
Psychiatrist
Lecturer, University of Toronto

Andrew Bond, MD, CCFP
Parkdale Community Health Centre & St. Michael's Hospital
Lecturer, Department of Family and Community Medicine
University of Toronto

Nikki Bozinoff MD, CCFP, CISAM
Addiction Physician
Lecturer, Department of Family and Community Medicine, University of Toronto

Timothy Guimond, MD, MSc, FRCPC, PhD (cand)
Psychiatrist
Lecturer, University of Toronto

Nanky Rai, MD CCFP
Family Physician, Toronto, ON

Jinghao Mary Yang, MD
Resident in Psychiatry
University of Toronto
