

## Opioid Poisoning Crisis in Toronto - Update

Date: November 5, 2020

To: Board of Health

From: Medical Officer of Health

Wards: All

### **SUMMARY**

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The COVID-19 pandemic is worsening the opioid poisoning crisis in Toronto and across Canada. Multiple jurisdictions, including Toronto, have reported spikes in fatal and non-fatal overdoses during the pandemic, which may reflect changes in the unregulated drug supply, as well as service reductions and physical distancing requirements.

While there has been a decrease in calls to Toronto Paramedic Services during the pandemic, there has been an overall increase in calls resulting in fatalities. Paramedic data reveals that 132 people died of suspected opioid overdoses between April 1 and September 30, 2020, a near doubling of deaths compared to a two-year average of 67 fatal suspected opioid overdoses for the same period in 2018/2019. July and September 2020 also both saw the highest monthly number of fatal calls (27) attended by paramedics since September 2017.

This staff report provides an update on the opioid poisoning crisis and identifies key actions needed urgently to help address the crisis. Crucial to the response is an expansion of the safer supply of regulated drugs in order to provide an alternative to the increasingly toxic unregulated drug supply and the decriminalization of simple possession of drugs for personal use. Increased access to lifesaving harm reduction, treatment and other services that protect and promote the health and well-being of people who use drugs is also needed, as are grief and trauma supports for people impacted by the opioid poisoning crisis.

### **RECOMMENDATIONS**

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The Medical Officer of Health recommends that:

1. The Board of Health reiterate its call urging the Federal Minister of Health to use the authority under the *Controlled Drugs and Substances Act* to permit the simple possession of all drugs for personal use, the need for which has become critical as the opioid poisoning crisis continues to worsen during the COVID-19 pandemic, and further, to support the immediate scale up of prevention, harm reduction, and treatment services.

2. The Board of Health urge the Federal Minister of Health to provide additional funding for longer-term safer supply programs, injectable medications, and other safer supply options, including for stimulants.

3. The Board of Health reiterate its request urging the Provincial Minister of Health to:

a. convene a multi-sectoral opioid overdose task force comprised of public health officials, community-based service providers, people with lived and living experience of drug use, and family members;

b. support and fund the implementation of a spectrum of safer supply options, including listing high dose injectable formulations of hydromorphone on the Ontario Drug Benefit Formulary; and

c. dedicate funding for overdose-related grief and trauma supports for frontline workers, people who use drugs, and family members.

4. The Board of Health urge the Provincial Minister of Health to:

a. create and fund an Urgent Public Health Need Site (UPHNS) program for Ontario to facilitate implementation of these lifesaving services in a variety of settings;

b. provide funding to pilot and evaluate virtual and/or phone-based supervised consumption services as well as in-person peer supervision in congregate or residential settings to complement the current service options;

c. allocate some of the new treatment funding recently announced to evidence-based, on-demand treatment services in Toronto; and

d. designate harm reduction and treatment services as essential services and provide funding to ensure that these services can effectively operate and meet the needs of people who use drugs during the COVID-19 pandemic.

5. The Board of Health request the Medical Officer of Health to work with the Executive Director, Social Development, Finance and Administration, to include the decriminalization of the simple possession of all drugs for personal use as a key plank in the City of Toronto's Community Safety and Wellbeing Plan in recognition of the differential and negative impacts that this criminal law has on equity-seeking groups in Toronto such as Black and Indigenous peoples.

6. The Board of Health urge the Health Professions Regulatory Advisory Council to review the regulatory changes in British Columbia, consult with current safer supply prescribers about the regulatory issues they are facing, and advise the Ministry of Health and the relevant regulatory colleges on how to address regulatory uncertainties to support the expansion of safer supply initiatives in Ontario.

7. The Board of Health forward this report for information and consideration to all Boards of Health in Ontario, the Council of Medical Officers of Health, the Urban Public Health Network, the Canadian Public Health Association, the Ontario Public Health  
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Association, the Ontario Medical Association, the Registered Nurses' Association of Ontario, the Canadian Association of Chiefs of Police, the Ontario Association of Chiefs of Police, the Federation of Canadian Municipalities, and the Association of Municipalities of Ontario.

## **FINANCIAL IMPACT**

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There is no financial impact resulting from the adoption of the recommendations in this report.

## **DECISION HISTORY**

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On September 21, 2020, the Board of Health adopted a recommendation requesting the Medical Officer of Health to report to its October 19, 2020 meeting on the status of the opioid poisoning crisis, and key actions needed to address the crisis.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL20.7>

On June 8, 2020, the Board of Health adopted recommendations in the Medical Officer of Health's report, *Toronto Overdose Action Plan: Status Report 2020*, including calling on the federal Minister of Health to decriminalize the possession of all drugs for personal use during the pandemic, and for the federal and provincial health ministers to support the expansion of safer supply programs.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL17.2>

On May 7, 2020, the Board of Health adopted recommendations calling on the federal and provincial governments to support the implementation of safer supply programs.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL16.2>

On July 16, 2018, the Board of Health adopted recommendations calling on the federal government to decriminalize the possession of all drugs for personal use and to scale up prevention, harm reduction, and treatment services, and to strike a multi-sectoral task force to explore options to legally regulate all drugs.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL28.2>

## **COMMENTS**

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On September 21, 2020, the Board of Health (BOH) adopted a recommendation asking the Medical Officer of Health (MOH) to provide an update on the status of the opioid poisoning crisis, the focus of the Toronto Public Health (TPH) response, and further actions needed to address the crisis. This report responds to that request.

## **Status of the opioid poisoning crisis in Toronto and Ontario**

COVID-19 is worsening the opioid poisoning crisis in Toronto and across Canada. Multiple jurisdictions have reported spikes in fatal and non-fatal overdoses during the pandemic, which may reflect changes in the unregulated drug supply, as well as service reductions and physical distancing requirements.<sup>1</sup>

From April 1 to September 30, 2020, there was a monthly average of 276 non-fatal and 22 fatal suspected opioid calls attended by Toronto Paramedic Services (TPaS).<sup>2</sup> This is compared with a two-year monthly average of 308 non-fatal and 11 fatal suspected opioid calls for the same period in 2018/2019.<sup>3</sup> Overall, TPaS data show that during the COVID-19 pandemic there has been a decrease in total calls to TPaS, but an increase in calls resulting in fatalities. In total, TPaS data estimate that 132 people died of suspected opioid overdoses between April 1 and September, 2020 compared to a two-year average of 67 fatal suspected opioid overdoses for the same period in 2018/2019.<sup>4</sup> This represents a near doubling of fatal overdose calls attended by paramedics.

The week of July 6, 2020 saw the highest number of fatal calls (11) attended by TPaS in a week since the City began monitoring this data in September 2017.<sup>5</sup> The second highest number of fatal calls in a week (9) was recorded during the weeks of September 14th, 2020 and September 18th, 2017.<sup>6</sup> July and September 2020 also both saw the highest monthly number of fatal calls (27), a monthly number which has not been seen since September 2017.<sup>7</sup>

Preliminary data from the Office of the Chief Coroner for Ontario show that at least 119 people died from opioid toxicity in Toronto between April and June 2020. Another 18 deaths during this time frame are suspected to be due to opioid toxicity but the cause of death is not yet confirmed. Assuming the additional 18 deaths are confirmed, the 137 deaths seen between April and June of 2020 is 85 percent higher than the average seen during the same period for the past two years. The high number of opioid poisoning deaths during the COVID-19 pandemic shows its devastating impact on people who use drugs. The majority (84%) of confirmed deaths during this time period occurred among males. Fentanyl directly contributed to 83 percent of confirmed deaths that occurred between April and June 2020, compared to an average of 52 percent for the same period in the past two years.<sup>8</sup>

The impact of travel restrictions and border closures during the pandemic on the unregulated drug supply is not clear. However, it is likely that the drug supply has been disrupted, including changes in the availability of drugs and drug precursors, increasing prices, changes in the potency of drugs, and increasing the adulteration of drugs.<sup>1,9</sup>

The drug supply in Toronto was becoming more toxic before COVID-19 with reports by Toronto's drug checking services finding benzodiazepines (and benzodiazepine-related drugs) in an increasing number of opioid samples, and with larger proportions found in those samples.<sup>10</sup> Benzodiazepines combined with opioids increase the risk of overdose and death. Barriers for people accessing services during COVID-19 reduced the number of drug samples being checked early on in the pandemic. However, benzodiazepines continue to be present in opioid samples. Since the state of emergency was declared in Ontario in March 2020, etizolam (a benzodiazepine-related drug) has presented in 39 percent of the 90 fentanyl substances checked.<sup>11</sup>

In late May 2020, a synthetic cannabinoid, not previously identified in the Canadian opioid supply, was detected in opioids in Toronto. When synthetic cannabinoids and opioids are used together, the risk of dangerous suppression of respiratory function increases.<sup>12</sup> In June 2020, there were signs that potent opioids may be contaminating the supply of crack cocaine in Toronto. Overdoses with symptoms similar to severe opioid overdose, including death, among people who consumed crack cocaine in Toronto were reported.<sup>13</sup> More recently, carfentanil, a highly potent fentanyl analogue was found in 11 percent of expected fentanyl samples checked by Toronto drug checking services between September 9 and 17, 2020.<sup>14</sup>

### **Impacts on people who use drugs during the pandemic**

The full impact of the COVID-19 pandemic on people who use drugs is not known, but emerging data and reports show the pandemic has been particularly challenging for them, and for service providers.<sup>15</sup> A review by the Canadian Community Epidemiology Network on Drug Use of local community data sources, and anecdotal reports from people who use drugs and service providers, reveals COVID-19-related changes have resulted in a decrease in the availability of harm reduction treatment services, shelters and outreach services.<sup>16</sup> The review also found a change in the availability of drugs and the potential for increases in drug poisonings, and people experiencing unsupported withdrawal.<sup>17</sup>

Preliminary findings of a study on the needs and challenges of people who use drugs during the pandemic found concerns associated with fear of criminalization when accessing drugs due to increased police street presence, drug consumption in public due to supervised consumption service closures, and concerns of exposure to COVID-19 when interacting with drug suppliers, in particular for people who are immunocompromised.<sup>18</sup> A survey by the Canadian Association of People Who Use Drugs identified a greater need for overdose response services, a safer supply of drugs, and safe spaces for drug consumption led by people with lived experience.<sup>19</sup>

The Toronto Drug Strategy's Women and Drug Policy Working Group held a virtual forum in September 2020 for community service providers, which uncovered challenges for women who use drugs during the pandemic. These include reduced or suspended access to supervised family visits for women involved in the child welfare system that they are legally entitled to, undue grief and trauma, the need for women-focused harm reduction services, safer supply, treatment services and housing.

### **Coordination**

The MOH is the municipal lead for the City's response to the opioid poisoning crisis. The Toronto Drug Strategy Secretariat in TPH leads implementation of the *Toronto Overdose Action Plan (TOAP)*, and emerging drug policy issues. The multi-sectoral Toronto Drug Strategy Implementation Panel provides implementation oversight for the TOAP, and identifies issues and responses for new and emerging issues.

### **Focus of the current TPH response**

Toronto Public Health remains focused on implementing the TOAP, and working with community partners to help address emerging issues related to the opioid poisoning crisis and COVID-19 pandemic. Advocacy efforts are focused on advancing key policy actions, including the decriminalization of simple possession of drugs, and support to

fund and deliver safer supply programs in Toronto. Toronto Public Health is closely monitoring the opioid poisoning crisis and communicating out new data and information as soon as possible. This has included issuing 11 drug alerts during the pandemic related to increased deaths from opioid toxicity and the presence of stimulants, benzodiazepines, and carfentanil found in fentanyl in the unregulated drug supply.

The Works continues to deliver a range of harm reduction services, including supervised consumption services (SCS), and are supporting harm reduction programs and other City divisions to optimize safe and effective service delivery during the pandemic. Some services, such as the SCS, are operating at a reduced capacity due to public health measures required during the COVID-19 pandemic. The Works recently created an online version of their overdose recognition and response training to facilitate access and broaden its reach.

### **Key urgent actions needed to address the opioid poisoning crisis**

The actions broadly needed to address this crisis were supported by the BOH in June 2020 as part of its consideration of the *Toronto Overdose Action Plan: Status Report 2020*. Unfortunately, the majority of these recommendations have not been implemented, and the urgency with which they are needed has continued to intensify. Critical to improving our collective response going forward is leadership from the provincial government on this issue. It is therefore recommended that the BOH reiterate its request urging the provincial Minister of Health to convene a multi-sectoral opioid overdose task force comprised of public health officials, community-based service providers, people with lived and living experience of drug use, and family members.

Additional actions needed to immediately address the opioid poisoning crisis, in light of the COVID-19 pandemic and beyond, are outlined below.

#### **a) Decriminalize simple possession of all drugs for personal use**

The criminalization of people who use drugs has created significant health and social harms, including stigma and discrimination. It is not possible to reduce this stigma while the possession of drugs is a criminal act. There is a societal shift needed, where all governments treat drug use as a public health issue and not a criminal justice issue.

Decriminalization refers to the removal of criminal penalties for the personal use and possession of drugs, however, the production and sale of drugs remains illegal. In July 2018, the BOH called on the federal government to decriminalize the possession of all drugs for personal use and scale up prevention, harm reduction, and treatment services, and to convene a task force to explore options for the legal regulation of all drugs. In June 2020, the BOH urged the federal government to grant an exemption under the *Controlled Drugs and Substances Act (CDSA)* to permit the possession of all drugs for personal use in Canada, at least for the duration of the COVID-19 pandemic.

In July 2020, the Canadian Association of Chiefs of Police (CACCP) urged all police agencies in Canada to recognize substance use as a public health issue, and endorsed the decriminalization of personal possession of illicit drugs. The federal Minister of Health indicated her support for finding ways to reduce the criminalization of people who use substances in response to the CACCP report. In August 2020, Public Prosecution Service Canada issued a directive for prosecutors to focus on serious cases raising

public safety concerns for prosecution and to otherwise pursue alternative measures and diversion from the criminal justice system for “simple possession cases.”<sup>20</sup> In light of the impact the COVID-19 pandemic is having on people who use drugs, the federal government’s Chief Public Health Officer has called for a societal discussion on decriminalization in addition to increasing access to safer supply and SCS. However, the Prime Minister has stated that his government is not considering decriminalization at this time.

The Canadian HIV/AIDS Legal Network, the Canadian Drug Policy Coalition, and the Pivot Legal Society, with the support of civil society organizations across Canada, are also calling for the federal government to issue a federal exemption to all people in Canada from the CDSA to permit simple possession of controlled substances for personal use.<sup>21</sup>

Given the urgency of opioid poisoning crisis, which continues to worsen during the COVID-19 pandemic, it is recommended that the BOH reiterate its call urging the federal Minister of Health to use the authority under the *Controlled Drugs and Substances Act* to permit the simple possession of all drugs for personal use, and to support the immediate scale up of prevention, harm reduction, and treatment services.

It is also recommended that the BOH ask the Medical Officer of Health to work with the Executive Director of the Social Development, Finance and Administration Division to include decriminalization of the simple possession of all drugs for personal use as a key plank in the City’s Community Safety and Wellbeing Plan in recognition of the differential and negative impacts this law has on equity-seeking groups in Toronto such as Black and Indigenous peoples.

#### **b) Expand access to safer supply**

Safer supply initiatives provide regulated pharmaceutical-grade alternatives to the increasingly toxic illicit drug supply to people at high-risk for overdose.<sup>22</sup> Safer supply/managed opioid initiatives have been implemented across Canada and some have expanded in direct response to the needs that have emerged during the pandemic. However, the expansions are not sufficient to meet the growing demand for these health programs.

In March 2020, [Interim Clinical Guidance on Risk Mitigation in the Context of Dual Public Health Emergencies](#) was released in British Columbia. In September 2020, British Columbia’s provincial health officer issued a public health order to expand the list of health professionals who can prescribe safer supply medications to include nurses. These initiatives remove barriers, address some regulatory uncertainties, and expand the number of prescribers who can offer safer supply in British Columbia. In May and June 2020, the BOH urged the federal and provincial governments to support the expansion of safer supply initiatives. In August 2020, the federal Minister of Health sent an open letter to provincial and territorial ministers of health and regulatory colleges encouraging action on safer supply and treatment. In September 2020, the federal co-chairs of the Special Advisory Committee on the Epidemic of Opioid Overdoses, which includes the federal Chief Public Health Officer, Dr. Theresa Tam, issued a joint statement about the recent spikes in overdoses, which referred to safer supply initiatives as a life-saving and critical part of a comprehensive approach to the Opioid Poisoning Crisis in Toronto - Update

responding to the opioid overdose crisis.

In September 2020, Health Canada announced short-term funding for four safer supply programs in Ontario, including two in Toronto (at Parkdale Queen West Community Health Centre and a Downtown East Collaborative that includes South Riverdale Community Health Centre, Street Health, and Regent Park Community Health Centre). However, this funding ends in March 2021, and does not include funding for much needed higher dose injectable formulations of hydromorphone (which are not covered by the Ontario Drug Benefit). Toronto Public Health remains unsuccessful in securing Health Canada funding for an injectable opioid agonist therapy (iOAT) program at The Works. The risk of opioid overdose among people who use stimulants increases as the drug supply becomes more contaminated, and as a result safer supply options are needed for this group. It is therefore recommended that the BOH urge the federal Minister of Health to provide additional funding for longer-term safer supply programs, injectable medications, and other safer supply options, including for stimulants.

Regulatory barriers and uncertainties about how regulations may be applied to prescribers in Ontario who offer safer supply programs continue. These issues are inhibiting the number of prescribers that may be willing to offer safer supply. The Health Professions Regulatory Advisory Council (HPRAC) has a statutory duty to advise the provincial Minister of Health on health professions' regulatory matters in Ontario. It is therefore recommended that the BOH ask HPRAC to review the regulatory changes in British Columbia, consult with current safer supply prescribers in Ontario about the regulatory issues they are facing, and advise the Ministry of Health and relevant regulatory colleges on how to address regulatory uncertainties and support the expansion of safer supply initiatives in Ontario.

The medications, including diacetylmorphine (pharmaceutical heroin) and injectable hydromorphone, required to offer iOAT in non-residential settings, which is a safer supply initiative with a large evidence base, are not available in Ontario. Currently, there are a number of restrictions that make it impossible for providers in Ontario to access or provide diacetylmorphine to people who would benefit from it. It has been suggested that a domestic manufacturer would alleviate some restrictions, and if it were to become available in Ontario, provincial funding would be needed to support programs that offered it. The higher dose injectable formulations of hydromorphone (50mg/ml and 100mg/ml) that are required to offer iOAT in non-residential settings are currently available in Ontario, but continue to be inaccessible as they are not listed on the Ontario Drug Benefit Formulary. Service providers that would like to offer this safer supply option would have to cover the costs of these medication themselves, and these costs are not financially viable for any service provider in Ontario to offer iOAT on the scale needed. It is therefore recommended that the BOH reiterate its request urging the provincial Minister of Health to support and fund the implementation of a spectrum of safer supply options, including listing high dose injectable formulations of hydromorphone on the Ontario Drug Benefit Formulary.

### **c) Expand harm reduction and treatment service capacity**

In April 2020, Health Canada announced that provinces and territories were granted exemptions from the CDSA to temporarily operate urgent public health need sites (UPHNS), also referred to as overdose prevention sites. These exemptions are



intended to help address the compounding effects of the opioid overdose crisis and the COVID-19 pandemic and are in effect until September 30, 2021. These UPHNS are faster to implement than traditional SCS and can be integrated into a wide range of settings. The BOH has called for expansion of SCS and overdose prevention sites in the past. It is therefore recommended that the BOH urge the provincial Minister of Health to create and fund an UPHNS program for Ontario to facilitate implementation of these life-saving services in a variety of settings.

There is also a need to expand the types of SCS that are available, especially during the COVID-19 pandemic when public health measures are reducing people's access to existing SCS and reducing the capacity of these services. It is therefore recommended that the BOH urge the provincial Minister of Health to provide funding to pilot and evaluate virtual and/or phone-based SCS as well as in-person peer supervision in congregate or residential settings to complement the current service options.

On September 10, 2020, the provincial government announced \$14.5 million in new funding for "mental health and addiction services across the province."<sup>23</sup> On October 7, 2020, the Province announced a further \$176 million, although details on this funding, including what may be allocated to services in Toronto is not available. The need for a range of evidence-based on-demand treatment options that adequately meet the needs of people in Toronto is a longstanding issue, which has only intensified during the pandemic. It is therefore recommended that the BOH urge the provincial Minister of Health to allocate some of this new funding to treatment services in Toronto.

It is also recommended that the provincial Minister of Health designate harm reduction and treatment services as essential services, and provide funding to ensure these services can effectively operate and meet the needs of people who use drugs during the COVID-19 pandemic.

#### **d) Ensure access to supportive housing**

People who use substances and are experiencing homelessness or housing vulnerability are at high risk for poor health outcomes, including death.<sup>24</sup> In Toronto, 23 percent of individuals who died by accidental opioid toxicity between April 1, 2019 and April 30, 2020 were experiencing homelessness, more than double the number of people in 2018 (11 percent).<sup>25</sup> COVID-19 has exacerbated the risk of overdose due to physical distancing and self-isolation protocols that lead more people to use substances alone without the presence of others to intervene in the event of an overdose.<sup>1</sup> A range of harm reduction supports within shelter settings and supportive housing are required to meet the needs of people who use substances.

The Works is partnering with the Shelter, Support & Housing Administration Division (SSHA) and other community-based harm reduction service providers to increase overdose prevention and response measures and harm reduction supports in shelters, including at the isolation and physical distancing shelters. To help people who use substances transition successfully into housing, the City of Toronto is calling for the federal and provincial governments to invest in supportive housing, including a continuum of substance use treatment, overdose prevention and harm reduction supports.

### **e) Provide grief and trauma supports**

The need for grief and trauma supports for frontline workers, people who use drugs and family members and friends has intensified during the COVID-19 pandemic. The growing number of people in our community who have lost their lives because of the unregulated drug market during COVID-19 is exacerbated by the trauma and losses related to the opioid poisoning crisis prior to the pandemic. During the pandemic, people are more isolated from each other, and not able to access supports in the same way as before the pandemic.

The BOH has previously supported calls for the provincial government to fund grief and trauma supports specifically for people affected by overdoses. The need for these supports is urgent, and as such, it is recommended that the BOH again ask the provincial Minister of Health to dedicate funding for overdose-related grief and trauma supports.

### **CONTACT**

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### **SIGNATURE**

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Medical Officer of Health

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