

Toronto Overdose Action Plan: Status Report 2021

Date: June 3, 2021

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

The opioid crisis in Toronto continues to intensify during the COVID-19 pandemic – a record number of overdose deaths have occurred. This may be due to the unintended consequences of the measures required to mitigate the spread of COVID-19 resulting in service reductions, and changes to the increasingly toxic unregulated drug supply.

In Toronto, deaths involving all substances, including opioids, have increased to record highs. There was a 71 percent increase in suspected drug-related overdoses and a 78 percent increase in the number of confirmed opioid toxicity deaths in Toronto in 2020 compared to 2019. These alarming increases are unprecedented.

Fatal suspected opioid overdose calls attended by paramedics have also increased to record highs. In the first three months of 2021, paramedics responded to 1,173 suspected opioid overdose calls, including 93 calls involving death; this is a 102 percent increase in calls involving death compared to the first three months of 2020. In January 2021, paramedics responded to the highest number of fatal suspected opioid overdose calls (38 deaths) ever recorded in Toronto. On May 5th, paramedics responded to the highest number of fatal suspected opioid overdose calls (5 deaths) in one day ever recorded in Toronto. Across Ontario, the number of opioid-related deaths among people experiencing homelessness more than doubled during the COVID-19 pandemic in 2020 compared to before the COVID-19 pandemic.

The increased involvement of stimulants alongside opioids directly contributing to the cause of death in overdoses in Toronto means that what we are facing goes beyond an opioid poisoning crisis and is now most accurately described as a drug poisoning crisis. The drug poisoning crisis is also reflected in results from Toronto's drug checking services, which continue to identify larger quantities of unexpected substances of concern in the unregulated drug supply.

This staff report highlights actions taken to implement the Toronto Overdose Action Plan (TOAP) since the last status report, and makes recommendations for actions that are urgently needed to mitigate the harms from drugs that are worsening during the COVID-

19 pandemic.

While some actions have been taken to respond to the drug poisoning crisis, they have not stemmed the tide of the crisis; the situation remains urgent and continues to worsen. There is much more to do in order to respond effectively to this crisis, including the decriminalization of the possession of all drugs for personal use, scaling up overdose prevention and harm reduction, and supporting the expansion of treatment services.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health recognize the drug poisoning crisis as a public health crisis in the City of Toronto and commit to supporting the actions that are urgently needed to respond to the crisis and stem the tide of overdose deaths.
2. The Board of Health request the Medical Officer of Health, in consultation with the Executive Director, Social Development, Finance and Administration and other relevant City divisions, to convene a working group to develop a health- and social equity-based alternative approach to criminal sanctions for the possession of all drugs for personal use within the city environs, as a step towards requesting an exemption under the *Controlled Drugs and Substances Act*, with such working group to be comprised of the following:
 - a. people with lived and living experience of drug use and family members;
 - b. community-based service providers, including Black- and Indigenous-led agencies;
 - c. relevant City divisions and agencies, including law enforcement; and
 - d. policy and research experts in relevant areas, including substance use, human rights, and mental health.
3. The Board of Health reiterate its call urging the Federal Minister of Health to:
 - a. use the authority under the *Controlled Drugs and Substances Act* to permit the simple possession of all drugs for personal use, and further, to support the immediate scale up of prevention, harm reduction, and treatment services; and
 - b. support evidence-based knowledge exchange and the development of innovative responses to reducing the harms of stimulant use.
4. The Board of Health urge the Federal Minister of Health to:
 - a. declare the drug poisoning crisis to be a national public health emergency and develop a coordinated Canada-wide plan; and

b. support the domestic production of diacetylmorphine to increase the accessibility of this medication and build on previous support provided that promotes the scale up of safer supply programs to meet the needs of people at high risk of overdose in Toronto.

5. The Board of Health reiterate its requests urging the Provincial Minister of Health to:

a. recognize the urgency of the drug poisoning crisis and the critical need to scale up actions in response by convening a multi-sectoral 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. remove the current cap of 21 Consumption and Treatment Services permitted in Ontario;

c. reinstate funding for the Overdose Prevention Sites operated by Street Health and St. Stephen's Community House given the urgent and ongoing need for these lifesaving health services;

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

e. increase the availability of services for people using methamphetamine and other stimulants and fund enhanced training for service providers on supporting people who use stimulants alone or with other drugs;

f. support and fund the implementation of a spectrum of safer supply options, including listing injectable opioid agonist treatment (iOAT) medication on the Ontario Drug Benefit Formulary; and

g. provide consistent and ongoing funding for grief and trauma supports for frontline workers responding to the drug poisoning crisis, people who use drugs, and family members.

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

a. expand funding for supervised consumption and other harm reduction services to better address the needs of specific groups (such as Black, Indigenous and People of Colour, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Two-Spirit, etc. communities), expand services across Toronto, support the provision of supervised inhalation and smoking services, and allow for consumption services to remain open for longer hours;

b. improve employment standards for frontline harm reduction workers, including adequate pay and benefits coverage, by increasing funding for supervised consumption and other harm reduction services;

c. expand funding for harm reduction services urgently needed to stem the tide of increasing overdose deaths in the shelter system;

- d. fund longer-term implementation of vital drug checking services and provide additional funding to create more locations in diverse settings to meet local needs;
- e. fund proposals that include a system-level approach to addressing the drug poisoning crisis across the continuum of health care in Toronto to increase the capacity of several organizations that are part of the Toronto Academic Health Science Network/Toronto Public Health Opioid Task Force to offer expanded harm reduction and treatment services that respond to the intensifying crisis;
- f. expand funding for evidence-based harm reduction, including supervised consumption services, treatment, and social support services that meet the needs of women, gender-diverse people, and parents who use substances; and
- g. fund a comprehensive Substance Use Crisis Centre in Toronto.

7. The Board of Health urge the Federal and Provincial Governments to provide a long-term financial commitment to assist the City of Toronto in creating and operating more affordable and supportive homes for people in need, including people who use drugs.

FINANCIAL IMPACT

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

DECISION HISTORY

On November 16, 2020, the Board of Health adopted recommendations, including calling on federal and provincial health ministers to decriminalize the possession of drugs, expand support for safer supply, and increase prevention, harm reduction, and treatment services.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL23.2>

On June 8, 2020, the Board of Health adopted recommendations calling on the federal government 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 June 18 and 19, 2019, City Council adopted the Toronto Overdose Action Plan: Status Report 2019 without amendments. On June 10, 2019, the Board of Health adopted the Toronto Overdose Action Plan: Status Report 2019 without amendment. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL7.1>

COMMENTS

The dual public health crises of drug poisonings and COVID-19 are having significant and increasingly dire impacts on people who use drugs, their families and communities.

Below is a description of the drug poisoning crisis, and specific areas where action has been taken and where action is urgently needed to mitigate the harms from drugs that are intensifying during the COVID-19 pandemic.

Status of drug poisoning crisis in Toronto and Ontario

Across Ontario, deaths from all substances, including opioids have increased, and the yearly increase in these deaths in Toronto is larger than across Ontario. Preliminary data from the Office of the Chief Coroner for Ontario (OCC) show that, in 2020, there were 3,572 suspected drug-related deaths in Ontario, which is a 51 percent increase compared to the previous year.¹ In 2020, 843 of these suspected-drug related deaths occurred in Toronto, which is a 71 percent increase compared to the previous year – an alarming and unprecedented increase.¹

Toronto also experienced a record high number of opioid overdose deaths in 2020, the largest increases in Ontario in opioid overdose deaths during the COVID-19 pandemic compared to before the pandemic.² The OCC's preliminary data show 2,352 confirmed and 74 probable opioid overdose deaths in Ontario in 2020, of which 521 confirmed and 10 probable deaths occurred in Toronto.³ This is an increase of 55 percent in confirmed deaths in Ontario and 78 percent in Toronto, compared to the same period in 2019.³ This is the largest annual increase in opioid toxicity deaths in Toronto ever recorded.

The available demographic data from the OCC about people who died from opioid overdoses show that the majority (96 percent) of these deaths in Toronto were accidental.³ Data from January 1 to September 30, 2020 show that 61 percent of those who died from accidental opioid overdose in Toronto resided in a private dwelling, and 27 percent of people who died from these overdoses were experiencing homelessness.³ In contrast, in the rest of Ontario, only 13 percent of people who died from accidental opioid overdose were experiencing homelessness.³

Information from Toronto Paramedics Services

The increase in suspected opioid overdose deaths in Toronto in 2020 was also noted by Toronto Paramedic Services.

- In 2020, Toronto Paramedic Services responded to 3,861 suspected overdose calls, including 268 calls involving death.⁴ This is a 90 percent increase in the number of suspected overdose deaths attended by Toronto Paramedic Services

compared to 2019.

- The drug poisoning crisis continues to worsen in 2021. In the first three months of 2021, paramedics responded to 93 fatal suspected opioid overdose calls, a 102 percent increase compared to the first three months of 2020.⁴
- In January 2021, paramedics responded to the highest number of suspected opioid overdose deaths (38) ever recorded.⁴
- In May 2021, paramedics responded to the worst cluster of fatal suspected opioid-overdose-related calls when 13 fatal suspected opioid-related overdose calls occurred within five days, including five fatal calls on May 6, which is the highest daily number on record since TPH began tracking this data.⁴

Overdose deaths among individuals experiencing homelessness

There were 810 non-fatal calls attended by Toronto Paramedic Services for suspected opioid overdoses and 46 fatal opioid overdoses identified by the OCC in the shelter system in 2020. This is a 31 percent increase in non-fatal calls and a 360 percent increase in fatal opioid overdoses compared to 2019. Drug toxicity was a major cause of death among people experiencing homelessness in Toronto in 2020. Data collected by TPH shows that in 2020, 49 percent of deaths among people experiencing homelessness were due to drug toxicity, an increase from 30 percent in 2019.⁵

The measures taken to respond to increases in fatal drug poisonings, including within the shelter system are detailed further in this report.

Opioids and other substances are contributing to deaths

Coroners' investigations reveal that a number of substances, in addition to opioids, contribute to opioid overdose deaths.

- From January 1 to September 30, 2020, fentanyl and fentanyl analogues contributed to 91 percent of accidental opioid overdose deaths in Toronto.³
- The non-opioid substance directly contributing to the highest percentage of opioid overdose deaths continues to be cocaine, which contributed to 58 percent of accidental opioid toxicity deaths in Toronto.³ This is higher than the rest of Ontario, where cocaine contributed to 39 percent of accidental opioid overdose deaths.³
- Other non-opioid substances that contribute to accidental opioid overdose deaths include methamphetamine, alcohol, and benzodiazepines.³

Data from deaths where multiple substances are detected does not allow for a determination about whether polysubstance use might have been intentional or unintentional due to the unpredictable nature of the unregulated drug supply. However, the data does confirm that the current drug poisoning crisis is not limited to opioids and includes increasing harms from a range of substances.

Results from [Toronto's Drug Checking Service](#) show an increase in unexpected, highly potent drugs in the unregulated drug supply.⁶

Samples expected to be opioids increasingly have other substances of concern detected in them.

- There has been an increasing presence of benzodiazepines (and benzodiazepine-related drugs) in larger proportions, and in an increasing number of analysed opioid samples.
- Xylazine, a tranquilizer used by veterinarians, was identified in some fentanyl samples for the first time in 2020.
- Highly potent opioids, isotonitazene and etonitazene, which increase the risk of overdose, were found in fentanyl samples for the first time in 2021.^{7, 8}
- The synthetic cannabinoids, AMB-FUBINACA and ACHMINACA, which increase the risk of overdose and death when combined with opioids, have also been found in opioids.
- Carfentanil, a highly potent fentanyl analogue was also present in some fentanyl samples in fall and winter of 2020 and appeared again in spring 2021.

Although substances expected to be opioids were found to contain more unexpected drugs, the presence of adulterants in cocaine samples – specifically, phenacetin and levamisole – increased by more than 100 percent in 2020.⁶

Harms from stimulants

There is evidence that the harms from stimulant use are increasing. These increased harms have been noted in cases where stimulants, such as cocaine or methamphetamine, are used on their own, as well as polysubstance use where two or more substances are used.

- Nationally, data from six provinces (including Ontario) show an increase in stimulant-related hospitalizations and deaths in 2020, and that 60 percent of accidental opioid toxicity deaths from January to September 2020 also involved a stimulant.⁹
- The majority (71 percent) of identified apparent stimulant toxicity deaths involved cocaine, and 46 percent involved methamphetamines.¹⁰
- Sharp increases in deaths involving stimulants in Toronto and Ontario have been noted.¹¹ The OCC has noted that during the COVID-19 pandemic in Ontario, there was a significant increase in the percentage of opioid-related deaths with stimulants as a contributing factor, driven by cocaine involvement in these deaths.¹²

Impacts of COVID-19 pandemic on people who use drugs

People who use drugs have been impacted negatively by the COVID-19 pandemic in multiple ways.

- In Canadian qualitative research exploring these impacts, participants reported changes to their substance use patterns, as well as changes in the unregulated drug supply, which included decreased accessibility, increased price, reduced quality, and more drugs containing unexpected substances and chemicals.¹³

- People who use drugs also described an increase in using substances alone for a variety of reasons, including: self-isolation or physical distancing requirements; service reductions at supervised consumption and other harm reduction services; public places and businesses being closed; and not wanting to expose themselves to COVID-19.

Toronto Public Health recognizes the significant dedication and innovation that grassroots, non-funded harm reduction and other civil society groups, and community organizations that support them, have shown in the face of the ongoing drug poisoning crisis (historically and currently). People who use drugs are on the frontlines of the drug poisoning crisis, and community leadership from people who use drugs, their families, and allies is a vital piece to ensuring the response to the drug poisoning crisis is appropriate and effective. In light of this, the Toronto Drug Strategy Secretariat (TDSS) is planning community consultations in 2022 to update the Toronto Drug Strategy and the TOAP.

Decriminalization

There is growing support among law enforcement authorities and civil society for a public health approach to drug policy, which includes decriminalizing the simple possession of all drugs for personal use.

In July 2020, the [Canadian Association of Chiefs of Police](#) (CACP) endorsed the decriminalization of personal possession of drugs and urged all police agencies in Canada to recognize substance use as a public health issue. In December 2020, the [Ontario Association of Chiefs of Police](#) stated its support for the CACP decriminalization recommendations, as well as its support for safer supply and supervised consumption services. A national poll by Angus Reid found overall support (59 percent nationally and 60 percent in Ontario) for decriminalization of simple possession of drugs.¹⁴

In February 2021, the federal government introduced [Bill C-22, An Act to amend the Criminal Code and the Controlled Drugs and Substances Act](#). The bill has received first reading, and if enacted, will repeal certain mandatory minimum penalties, allow for a greater use of conditional sentences, and allow police to take diversion measures, including for offences related to simple drug possession. However, police may choose not to apply diversion measures, and could continue to lay charges for simple possession.

Vancouver and Montreal have approved motions asking the federal government to decriminalize the simple possession of drugs for personal use. In November 2020, Vancouver City Council passed a motion to request the federal government to decriminalize the simple possession of drugs for personal use in their jurisdiction, by seeking an exemption from the *Controlled Drugs and Substances Act* (CDSA). Vancouver has now made preliminary submissions with guidance from a multi-sectoral working group, for exemption from the CDSA and is in discussions with Health Canada.

In Toronto, as directed by the Board of Health in November 2020, staff from TPH have been working with Social Development, Finance and Administration (SDFA) to include decriminalization of the simple possession of all drugs for personal use as a key

principle in the City's Community Safety and Wellbeing Plan.

Recommendations for Toronto about decriminalization

Given that the drug poisoning crisis is worsening with the increase in unexpected toxic substances in the unregulated drug supply, and the compounding effects of the COVID-19 pandemic, it is recommended that the City of Toronto consider options that can be applied within its own jurisdiction.

- It is recommended that the Board of Health formally recognize that the current state of drug poisoning is a public health crisis.
- In addition, it is recommended that 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, and further, to support the immediate scale up of prevention, harm reduction, and treatment services.
- As a step towards requesting an exemption under the *Controlled Drugs and Substances Act* for simple possession of drugs, it is recommended that the Medical Officer of Health convene a multi-sectoral working group, in consultation with the Executive Director of Social Development, Finance and Administration and other relevant City Divisions, to develop a health- and social equity-based alternative approach to criminal sanctions for the possession of all drugs for personal use within the city environs. This working group would comprise of people with lived and living experience of drug use and family members, community-based service providers (including Black- and Indigenous-led agencies), relevant City divisions and agencies (including law enforcement), and policy and research experts in relevant areas, including substance use, human rights and mental health.

Harm reduction services

Naloxone access and overdose training

In January 2021, the Medical Officer of Health requested that the provincial Minister of Health expand access to naloxone to include organizations and agencies serving people at high risk of overdose (e.g. shelters, drop-in centres, agencies working with prisoners, treatment services, and others) where staff are often the first to respond to overdoses.

- Between April 1, 2020 and March 31, 2021, Toronto Public Health, The Works and harm reduction agency partners in Toronto distributed 67,012 doses of naloxone across Toronto. During the same period, The Works and community partners trained 2,846 harm reduction clients to respond to overdoses with naloxone.
- The Works also provided training to almost 150 community agency staff on distributing naloxone to people who used drugs, their family and friends.
- In the spring of 2020, The Works moved the TPH Overdose Recognition, Prevention and Response Training sessions online. Program staff offered the training through live webinars and developed a publically available online, on-

demand overdose training module to replace in-person trainings.

- Since launching online, over 700 people, including City of Toronto staff in the Shelter, Support and Housing Administration (SSHA) and Corporate Security have completed training in overdose recognition prevention and response.

Supervised consumption services

Supervised consumption services (SCS) are offered in several locations in Toronto. There are seven sites that offer consumption and treatment services funded by the Government of Ontario, and two overdose prevention sites at community-based organizations that no longer receive funding from the Government of Ontario.

Due to increased need to reduce the risk of fatal overdoses during the COVID-19 pandemic, The Works opened Urgent Public Health Needs Sites (UPHNS) at two hotel shelter sites. At these sites, shelter residents are allowed to consume drugs under trained supervision on site to reduce the risk of fatal overdose.

Due to COVID-19 physical distancing measures, there continues to be reduced capacity to provide SCS in Toronto.

- For example, to ensure physical distancing, at the beginning of the COVID-19 emergency, The Works initially implemented an appointment-only service delivery model with only two of six booths open.
- On August 14, 2020, a return to a walk-in model was implemented, and a third booth opened on February 2, 2021.

However, despite the challenges associated with the COVID-19 pandemic, there is continued evidence of the importance of SCS, such as:

- Between August 21, 2017 (opening day) and March 31, 2021, there have been 91,043 client visits to The Works.
- The first UPHNS at a hotel shelter site opened on December 21, 2020; between opening and March 31, 2021, this UPHNS had 351 client visits.
- The second UPHNS had 14 client visits between March 8, 2021 (opening day) and March 31, 2021.
- In total, between opening dates and March 31, 2021, staff at all three sites have responded to 1,838 overdoses, including 951 visits where the client required naloxone.

The Toronto Drug Strategy Secretariat (TDSS) through the Municipal Drug Strategy Coordinating Network of Ontario (MDSCNO) continues to advocate for an expansion of SCS in Ontario. In March 2021, the MDSCNO requested that the Province of Ontario remove the current cap of 21 Consumption and Treatment Services and create and fund an UPHNS program to save lives and improve the health, safety and well-being of people who use drugs in Ontario.

Equity-based approach to harm reduction services

There are ongoing challenges to providing supervised consumption and other harm reduction services that can effectively address the needs of people at high risk of overdose across Toronto during the COVID-19 pandemic.

- Organizations that provide harm reduction services to address the needs of specific groups, such as Black, Indigenous and People of Color, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Two-Spirit communities (LGBTQ2S+) need support to expand their harm reduction programming, and potentially offer supervised consumption services.
- Supervised consumption sites are currently located across downtown neighbourhoods, for limited hours of the day. However, overdoses occur across Toronto, and at all hours.
- There is increasing evidence that overdose deaths are occurring among people who inhale drugs, and the need for tailored harm reduction services for this group includes supervised inhalation and smoking services.²
- Frontline harm reduction workers are facing the toll of dealing with significant losses in their work, along with the need to continue to adapt their services to respond to the emerging needs that the COVID-19 pandemic presents.

Based on this, it is recommended that the Board of Health urge the provincial Minister of Health to expand funding for supervised consumption and other harm reduction services to:

- Better address the needs of specific groups (i.e. such as Black, Indigenous and People of Color, LGBTQ2S+ communities, etc.);
- Expand services across Toronto; and,
- Support the provision of supervised inhalation and smoking services; and to allow for SCS to remain open for longer hours.

It is also recommended that this funding be expanded to improve employment standards for frontline harm reduction workers, including adequate pay and benefits coverage (including sick and vacation days) for all full-, part-time and contract workers. This would help ensure that the kind of supports needed by harm reduction workers to continue their essential work in responding to the drug poisoning crisis are provided.

Further, it is recommended that the Board of Health reiterate its requests to the provincial Minister of Health to: 1) remove the current cap of 21 Consumption and Treatment Services permitted in Ontario and utilize the federal class exemption granted to provinces during the COVID-19 pandemic to increase the availability of these lifesaving services in a variety of settings, and 2) reinstate funding for the Overdose Prevention Sites operated by Street Health and St. Stephen's Community House given the urgent and ongoing need for these lifesaving health services.

Outreach services and harm reduction in shelters

In response to the overwhelming demand for outreach services for people who use drugs in the downtown east, the City of Toronto added six outreach workers and one

outreach supervisor at The Works at TPH in 2018. In 2020, The Works hired eight additional outreach workers to support new hotel shelter sites that have been created to ensure that physical distancing is possible in the shelter system.

These outreach workers are providing a range of harm reduction services to the hotel shelter sites, including: conducting harm reduction and overdose preparedness assessments; distributing naloxone and other harm reduction supplies; and providing other harm reduction services to both staff and residents of the shelter sites. Other harm reduction supports for shelter sites are being provided by a number of harm reduction agencies in Toronto. Other activities carried out by outreach workers include: retrieval of discarded harm reduction equipment; providing a number of referrals including to shelters, housing, primary care and mental health services; and education on safer drug use and safer disposal.

During the COVID-19 pandemic, a front line harm reduction committee was created that includes outreach workers and others providing harm reduction support. This group has provided a forum for harm reduction workers to share information to ensure that harm reduction services are coordinated.

The Integrated Prevention and Harm Reduction ([iPHARE](#)) initiative is a multi-pronged effort by the City and community agencies to address opioid-related deaths in Toronto's shelter system. As noted above, increased harm reduction outreach and opening UPHNS in the shelter system are part of this initiative.

- Due to the expansion of shelter hotel sites during the COVID-19 pandemic and increased overdose deaths, harm reduction and overdose risk assessments were undertaken with approximately 20 sites to determine what harm reduction was available and what was needed, and a report with recommendations for overdose response was developed.
- A tool kit of harm reduction resources was also developed and shared with shelter operators.
- Additionally, a guidance document for the delivery of harm reduction services was developed by The Works and has been used by the SSHA to inform their Shelter Standards. The document, referred to as a 10 point-plan, includes a summary of recommended harm reduction services and approaches to be used in shelter hotel sites to prevent fatal overdoses and address the needs of residents who use drugs.
- SSHA has created a new Coordinator, Programs – Harm Reduction position, which is the first position in SSHA to be entirely dedicated to operationalizing harm reduction work in the shelter system.
- SSHA is also supporting The Neighbourhood Group, along with other project partners, to expand the pilot of a peer witnessing project to five shelter hotel sites. This community-designed project involves providing training, support, coordination, and other tools needed to support peer-resident led overdose prevention services on-site, and is designed to be responsive to the needs of shelter residents and the changing emergency response to the COVID-19 pandemic.

Support is urgently needed to continue and expand harm reduction services so that they adequately meet the needs of people who use drugs and stem the tide of increasing overdose deaths in the shelter system. This includes additional harm reduction supports shelters where the need for these services is high, more resources and support for peer witnessing, and provision of other essential harm reduction education, counselling and services.

Current funding for pilots provided by the City of Toronto is time-limited, and sustainable long-term provincial support is needed. It is therefore recommended that the Board of Health urge the provincial Minister of Health to urgently expand funding for harm reduction supports in the shelter system. This includes reiterating the request to create and fund an UPHNS program for Ontario to facilitate the implementation of these lifesaving services in a variety of settings.

Harm reduction for stimulants and other substances

Over the past few years, there has been increasing concern among service providers in Toronto about the increasing harms from stimulant use, including concerns about the challenges in adapting harm reduction services to the needs of people who use stimulants. While some supports for people who use stimulants and staff who provide services to them exist, these are limited. TPH staff continue to work with St. Stephen's Community House on the Crystal Meth Project funded by Health Canada's Substance Use and Addictions Program (SUAP).

Areas of need in Toronto include (but are not limited to): services such as supervised spaces (i.e. sobering spaces) for those recovering from the effects of stimulants; resources to support frontline staff across sectors who provide services to people who use stimulants; resources around safer supply for people who use stimulants; and expanded treatment options for people who use stimulants.

It is recommended that the Board of Health reiterate requests to the provincial Minister of Health to increase the availability of services for people using methamphetamine and other stimulants, and to fund enhanced training for service providers on supporting people who use stimulants alone or with other drugs. Further, it is recommended that the Board of Health reiterate its request to Health Canada to support evidence-based knowledge exchange, and the development of innovative responses to reducing the harms of stimulant use.

Overdose prevention information for businesses

In 2020/2021, a sub-group of the Toronto Drug Strategy Implementation Panel worked with other community partners to create a [handout and poster for businesses](#) on how they can respond to overdoses or support people in crisis on their premises. The group also developed [a resource for community organizations](#) on how they can engage with and support local businesses on this issue. These resources are being promoted widely.

Funding for community-based overdose prevention

In 2020, TPH continued to fund projects that address substance-related harms, including an Indigenous funding stream, under the Toronto Urban Health Fund (TUHF).

Twenty six harm reduction projects, including Indigenous led projects, received funding totaling approximately \$2.4 million. A range of harm reduction services and programs are provided by the funded projects, including street-based outreach, overdose response training and naloxone distribution, Indigenous cultural supports, youth-focused programs, peer-led grief and loss support, and a number of peer-led outreach and harm reduction services to build capacity and prevent overdoses. Recommendations for 2021 funding allocations for TUHF are expected at the Board of Health in June 2021.

Additional community projects also received funding through SDFSA in December 2020. These include: development of a trauma-informed overdose response training curriculum created by people with lived experience of substance use and frontline workers; employing people with lived and living experience of substance use to collect and safely dispose of used and discarded harm reduction supplies; and supports to address experiences of grief and loss.

Harm reduction training for Indigenous Peoples

Toronto Employment and Social Services has partnered with, and is providing funding to, the 2-Spirited People of the 1st Nations to develop and pilot an Indigenous-focused harm reduction training program for Indigenous people in Toronto who receive Ontario Works. The initiative was on hold due to the COVID-19 pandemic, but is now moving forward with a goal of completing the pilot in late 2021 or early 2022. It will involve hiring an Indigenous harm reduction coordinator to develop and pilot a harm reduction training program. Approximately 20 people with lived or living experience of drug use will participate in a 16 week harm reduction training program followed by employment placements as harm reduction workers or peer-navigators at different locations in the city (e.g., community agencies) and will be determined at a later date. TPH is supporting the pilot along with South Riverdale Community Health Centre.

Drug checking services

[Toronto's Drug Checking Service](#), a project coordinated by the [Centre on Drug Policy Evaluation](#), offers free and anonymous drug checking in partnership with Parkdale Queen West Community Health Centre, South Riverdale Community Health Centre, TPH's The Works, and the laboratories at St. Michael's Hospital and the Centre for Addiction and Mental Health. The service provides people who use drugs with the opportunity to make informed decisions based on knowledge about the contents of their drugs; it also provides vital information, including alerts, on Toronto's unregulated drug supply.

Toronto's drug checking service is a pilot project operating with time-limited funding from Health Canada and in-kind support from project partners. It is therefore recommended that the Board of Health urge the provincial government to fund longer-term implementation of vital drug checking services in diverse settings to meet local needs to prevent overdoses.

Managed opioids/safer supply

Expanding access to pharmaceutical-grade alternatives to the unregulated drug supply has been recognized as a life-saving and critical part of a comprehensive approach to the drug poisoning crisis.¹⁵ Expansion of injectable opioid agonist treatment (iOAT) programs across Ontario has been recommended by a number of groups, including [Addiction and Mental Health Ontario](#). In August 2020, the MDSCNO urged the Province of Ontario to immediately fund and scale up implementation of safer supply initiatives to save lives, and improve the health, safety and well-being of people who use drugs in Ontario.

In April 2021, Health Canada's Substance Use and Addictions Program (SUAP) expanded its support for safer supply programs across Toronto by extending funding for two safer supply programs in Toronto, as well as funding an iOAT program at TPH's The Works.¹⁶ This funding will allow The Works to expand the medication options available for people with severe opioid use disorder, by offering injectable hydromorphone (and/or diacetylmorphine, if it becomes available in Ontario) for people with opioid use disorder who do not respond to currently available services and/or who remain at high risk of overdose.

The funding from Health Canada for iOAT represents a positive step towards supporting these critical and life-saving services; however, funding is limited to two years, and supports a relatively small clinic that will serve approximately 35 people at high risk of overdose, at a fixed site in downtown Toronto. Expansion to other sites, and scaling up so that services can serve more people will be necessary for iOAT to effectively contribute to the response to the drug poisoning crisis in Toronto. The injectable medications involved in iOAT continue to be inaccessible to most providers that would offer these services (and people in Toronto who could benefit from them) as they are not included on the Ontario Drug Benefit Formulary. Domestic production of diacetylmorphine may also support the scaling up of iOAT. Safer supply programs in Toronto are also operating with time-limited funding from Health Canada, and have reached their maximum capacity.

Based on this assessment, it is recommended that the Board of Health reiterate its request urging the provincial Minister of Health to support and fund the implementation of a spectrum of safer supply options, including listing iOAT medication on the Ontario Drug Benefit Formulary. Further, it is recommended that the Board of Health urge the federal Minister of Health to support domestic production of diacetylmorphine to increase the accessibility of this medication and continue to provide support that promotes the scale up safer supply programs to meet the needs of people at high risk of overdose in Toronto.

Toronto Academic Health Science Network/Toronto Public Health Opioid Task Force

The Toronto Academic Health Science Network (TAHSN)/TPH Opioid Task Force includes a subset of Toronto's academic hospitals, TPH, a number of community organizations, and people with lived and living drug use experience working together on a proposal for a system-level approach to address the drug poisoning crisis across the continuum of health care in Toronto.

In the fall of 2020, the TAHSN/TPH Opioid Task Force submitted a proposal to Ontario Health, which requested support in several key activity areas requiring additional support to better meet the needs of people who use drugs in Toronto, such as: harm reduction teams and safer opioid supply programs at community health centres; iOAT at TPH; rapid access addiction medicine clinics providing oral opioid agonist therapy; and addiction consultation services in hospitals.

It is recommended that the Board of Health urge the provincial Minister of Health to fund proposals that include a system-level approach to addressing the drug poisoning crisis across the continuum of health care in Toronto. Funding would increase several organizations' capacity to respond to the intensifying crisis with activities in key areas, including harm reduction and treatment.

Grief and trauma supports

The longstanding need for grief and trauma supports has been frequently repeated, and research conducted reaffirms these needs: front-line harm reduction workers in Toronto frequently experience and respond to fatal and non-fatal overdoses, and describe the significant toll of responding to overdoses on their mental health, including dealing with the impacts of anxiety, anticipatory loss, and burnout. Adequate workplace responses to support workers have not been available.¹⁷

In November 2020, the Board of Health requested that the Medical Officer of Health work with community partners and City divisions to expand grief and trauma supports.

- In late 2020, a number of community agencies, as well as TPH, SSHA, and SDFa, came together to form the Harm Reduction Worker Wellness Network (HRWWN). Convened by Breakaway Community Services (supported by 2 years of SUAP funding), the HRWWN has begun piloting the provision of group and individual grief and loss supports to the harm reduction sector.
- Funding from SDFa to collaboratively develop a central intake point to access grief and loss services, including a phone line to connect to peer-based talk support and referrals to group and one-on-one support has been received.
- The City of Toronto further responded to the need for supports for frontline workers, through SSHA and SDFa, in partnership with the Ontario Psychological Association (OPA) and 211, through a pilot that provided access to free, virtual counselling with psychologists trained in complex trauma to frontline workers in the downtown east through the OPA's Disaster Response Network (DRN). The pilot ran for 2 months (until March 31) and is currently being evaluated to inform further service planning.

While a more concerted effort to address the significant grief and loss people experience as a result of the drug poisoning crisis has begun, it is not yet commensurate with the depth of the crisis. Therefore, given the need for continued and expanded grief and loss support, it is recommended that the BOH request the provincial Minister of Health to provide consistent and ongoing funding for grief and trauma supports for frontline workers responding to the drug poisoning crisis, people who use drugs, and family members.

Women who use substances

TPH and community partners are working on strategies to support women who use drugs involved in the child welfare system. The stigma that people who use drugs face is heightened if they are pregnant or parenting, which creates more barriers for them to access essential services. Many fear seeking support for risk of being separated from their children.^{18, 19} Research shows that the consequences of separating children from their parents can be significant: child removal increased the odds of overdose among marginalized women by 55 percent, and the likelihood for overdosing was even higher for Indigenous women.²⁰

In August 2020, a Toronto Public Health-led working group hosted virtual forum on the needs of pregnant and parenting people who use drugs and ways to support them. The forum highlighted the deprivation, grief and trauma that women and gender diverse people have experienced during the COVID-19 pandemic related to reductions or denial of access to supervised family visits and compounded losses.

The Canadian Mental Health Association carried out a community-based research project in 2019 to determine the barriers and facilitators of women's access to SCS. The study found that women's use of SCS is influenced by perceptions of safety from violence, lived experience of trauma with men, discrimination and coercion, access to social support and services, and opportunities to build relationships and challenge marginalization. Pregnant and parenting women, however, feared that use of SCS services might lead to them being reported to child protective services. The study found that overall, women preferred women-only SCS or women-only hours at SCS for reasons that included experiences of trauma with men.²¹

It is recommended that the Board of Health urge the provincial Minister of Health to expand funding for evidence-based harm reduction, treatment, and social support services that meet the needs of women, gender-diverse people, and parents who use substances.

Crisis support services

In 2021, the City of Toronto conducted a survey of Toronto residents about their preferences for alternative options to police responding to crisis calls. A large majority of respondents (76 percent) stated they would welcome a community-based crisis response to substance-use related crises.²²

As a result of the findings, the City of Toronto is developing four pilots that will test a new community crisis response model (as an alternative to police responding) to non-emergency crises. These pilots will be funded by the City of Toronto, but long-term success will require provincial funding and integration into a comprehensive system of services for people experiencing mental health and substance use issues.

TPH and SDFAs Downtown East Action Plan team are working with the Downtown East Ontario Health Team and diverse community partners to submit a proposal to Ontario Health for a 24-hour Substance Use Crisis Centre.

- This centre will address the need to respond to a broad range of crises, including mental or physical distress, paranoia, potentially violent behaviour, self-harm, and suicidal thoughts.
- Using a social determinants of health lens, the centre will provide support using equity-, trauma-informed, and harm reduction approaches.
- Based on a collaborative model of service delivery, it will be integrated into existing responses in Toronto, and provide multiple referrals into crisis supports and out to other services, including treatment. It will extend services currently provided by Gerstein Crisis Centre into a comprehensive model scaled up to meet the significant crisis support needs of people using substances in downtown Toronto.

By appropriately meeting the needs of people who use substances in crisis, the centre will create an alternative to current intervention by police or treatment in emergency departments, and in so doing, alleviate the burden of crisis calls on these systems.

To address these needs, it is recommended that the Board of Health urge the provincial Minister of Health to fund the proposed comprehensive Substance Use Crisis Centre in Toronto.

Housing

Toronto Community Housing Corporation (TCHC)

Beginning in 2019, Councillor Perks, Chair of the TDSS Implementation Panel, convened Toronto Community Housing (TCHC) staff, TPH, community service providers, and people who use drugs to discuss how people who use drugs could be better supported in TCHC buildings. These discussions resulted in the development of a new [TCHC Harm Reduction Policy](#), which was adopted by the TCHC Board in February 2021. Under the policy, TCHC will work to support successful, stable tenancies for tenants who use substances; support and facilitate the delivery of harm reduction services to tenants; support the safe disposal of needles and other paraphernalia; and facilitate the availability of naloxone and overdose prevention resources. Toronto Community Housing Corporation has identified a project manager to lead the implementation of the harm reduction policy and is currently developing a plan to operationalize it with further details to come from TCHC on next steps.

Supportive housing

As part of the HousingTO 2020-2030 Action Plan, the City of Toronto has been developing supportive and affordable housing. This plan recognizes that affordable, good quality, and stable housing is a key social determinant of health. The City has completed the development of two modular supportive housing buildings that added 100 permanent supportive homes in December 2020 and January 2021 for people who were experiencing or at risk of becoming homeless. Two more projects are currently in development that will add another 124 permanent affordable supportive homes later this year. The City has committed to add approximately 1,248 new homes with support services for marginalized residents this year. Non-profit operators provide 24/7 on-site staffing and a variety of supports for tenants, including harm reduction, relapse prevention and recovery-related programs, connections to primary health care, income

assistance and eviction prevention programs.

It is recommended that the Board of Health urge the federal and provincial governments to provide a long-term financial commitment to assist the City of Toronto in creating and operating more affordable and supportive homes for people in need, including people who use drugs.

Shelter and housing for Indigenous Peoples

In 2019, the Toronto Indigenous Overdose Strategy identified areas which required support from all levels of government to improve shelter and housing for Indigenous Peoples; some recommendations were directed to SSHA. In 2020, as part of its COVID-19 Interim Shelter Recovery Strategy, SSHA identified specific actions in collaboration with members of the Toronto Indigenous Community Advisory Board (TICAB). A subcommittee of the TICAB has been established to collaboratively work on these actions and to empower Indigenous organizations to lead solutions during the pandemic and beyond. An action identified for implementation by this group has been sponsoring an Indigenous-led, low-barrier respite program, which would include services to meet the needs of Indigenous Peoples who use drugs.

In October 2020, City Council approved a motion to include 2,400 new supportive homes for Indigenous peoples experiencing homelessness, and 2,800 new supportive and affordable rental homes for people from Indigenous communities. The Housing Secretariat, SSHA and the Indigenous Affairs Office have been holding regular meetings with Indigenous partners to establish an approach for delivering new affordable rental and supportive homes through an Indigenous organization, and advocating to other levels of government for sufficient funding for wrap-around services and supports, including those that would meet the needs of Indigenous Peoples who use drugs.

SSHA's next service plan is in development. The Service Plan Steering Committee includes representation from the TICAB, and engagement with Indigenous housing and homelessness service providers is planned, which is in keeping with commitments in [Meeting in the Middle](#). In addition, SSHA has been advancing work in a number of areas in collaboration with Indigenous housing and homelessness service providers. SSHA and TICAB are committed to and actively working on opening new Indigenous shelters. Engagement sessions with Indigenous service providers to inform design and technical guidelines for shelter development that is culturally appropriate for Indigenous Peoples are planned.

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