

Actions to Respond to the Drug Poisoning Crisis in Toronto

Date: November 23, 2021

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

The status quo approach to the drug poisoning crisis is not working. There is an urgent need for a comprehensive public health approach to drug policy that removes structural barriers to healthcare and social services, provides alternatives to the toxic drug supply, and enhances and expands services to improve the health and well-being of Toronto's communities.

Toronto continues to be in the midst of a drug poisoning crisis, exacerbated by the COVID-19 pandemic. Data shows 531 confirmed opioid toxicity deaths among residents of Toronto in 2020, an 81 per cent increase compared to 2019.¹ From November 1, 2020 to October 31, 2021, Toronto Paramedic Services responded to 5,776 suspected opioid overdose calls, including 351 calls involving death. This is a 61 per cent increase in the number of suspected opioid overdose calls compared to the previous 12-months, and a 53 per cent increase in the number involving a death. Fatal and non-fatal overdoses continue to increase, which are attributed to the unpredictable and toxic nature of the unregulated drug supply, as well as pandemic-related service reductions and physical distancing requirements.

Toronto Public Health is leading City efforts and working with other City divisions and community partners to implement the Toronto Overdose Action Plan to prevent and respond to drug poisonings in Toronto's communities. On June 14, 2021, the Board of Health once again recognized the drug poisoning crisis as a public health crisis and reaffirmed commitment to supporting actions that are urgently needed to respond to the crisis and stem the tide of overdose deaths. These actions include calls for the immediate scale-up of safer supply initiatives, supervised consumption services and other harm reduction initiatives, as well as more affordable and supportive homes for people in need, including people who use drugs.

At the same meeting, the Board of Health requested the Medical Officer of Health to convene a multi-sectoral working group to develop a health- and social equity-based

alternative approach to criminal penalties for the possession of all drugs for personal use in Toronto, as a step towards requesting an exemption under the *Controlled Drugs and Substances Act, 1996*.

The *Controlled Drugs and Substances Act* is administered by Health Canada and establishes the legislative framework that regulates the possession, distribution, and sale of unregulated drugs in Canada. Under section 56(1) of the *Act*, the Federal Minister of Health has the authority to exempt jurisdictions, including municipalities and provinces, from provisions of the *Act* that criminalize drugs if the Minister deems it necessary for a medical purpose or it is in the public interest. The same authority has been used to allow supervised consumption services to operate in jurisdictions across Canada.

There are now growing calls for decriminalization across Canada, with support from civil society organizations, institutions, and law enforcement. On November 1, 2021, the Government of British Columbia became the first province in Canada to seek an exemption from Health Canada under Section 56(1). This follows a similar request from the City of Vancouver, and the endorsement of decriminalization by municipalities, such as Kingston, Montreal, and Ottawa, and organizations, such as Ontario's Big City Mayors and the Centre for Addiction and Mental Health. Further, both the [Ontario Association of Chiefs of Police](#) and the [Canadian Association of Chiefs of Police](#) have called for decriminalization.

Consistent with other jurisdictions, Toronto Public Health has initiated a consultation process as a step towards requesting an exemption under the *Controlled Drugs and Substances Act* from Health Canada for the possession of all drugs for personal use within Toronto's geographic boundaries (also referred to as the decriminalization of personal possession of drugs). This report provides an update on the process currently underway to develop an alternative approach to the criminalization of drugs in Toronto, including public and stakeholder consultation to inform an alternative model. There is widespread support for an alternative model that is grounded in a human rights and a public health approach in order to decrease stigma and harm for people who use drugs, while also improving the well-being of the communities around them.

It is important to note that decriminalization alone will not solve the drug poisoning crisis. Seeking an exemption from criminal penalties for personal possession is only one part of a comprehensive approach. To be successful in reducing the harms associated with substance use and criminalization of people who use drugs, the removal of criminal penalties must be accompanied by new investments from the provincial and federal governments and improved access to safer supply programs, harm reduction, and treatment initiatives. While some people use drugs without experiencing health-related harms or developing a substance use disorder, significant investments are needed from all levels of government to ensure low barrier access to health and social services for those most at-risk of drug-related harms.

On October 25, 2021, the Toronto Board of Health recommended that the Medical Officer of Health advocate to Health Canada and the Ontario Ministry of Health for funding for six key areas to address the drug poisoning crisis and to report back in December 2021 on the progress of funding negotiations as well as which areas should

be funded immediately by the City of Toronto while funding from other governments is being sought.

This report requests funding for the Toronto Drug Strategy Secretariat, including 10 positions to address the increasingly complex issue of substance use, for the City's consideration through the 2022 budget process. The expanded team will support population-level research and data and coordinate with intergovernmental and community partners to reduce drug-related harm and increase community health outcomes through the social determinants of health. This report also requests City funding, for consideration through the 2022 budget process, for the implementation of an overdose alert app in shelters and respite centres as well as other public spaces to help reduce fatal overdoses for those using drugs alone.

This report also recommends that the Board of Health continue to request the remaining funding from the federal and provincial governments for new and enhanced programming as outlined in [Item HL31.4, Toronto Public Health 2022 Operating Budget Submission](#). In addition, this report reiterates recommendations from the June 2021 Overdose Action Plan Update urging the provincial and federal governments to immediately scale-up critical life-saving programs including evidence-informed treatment, supervised consumption services, as well as develop a national framework to permit the simple possession of all drugs for personal use.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

Alternative approach to the criminalization of drugs

1. The Board of Health reiterate its call requesting the Federal Minister of Health to use their authority under the *Controlled Drugs and Substances Act* to:
 - a. Develop a national framework to permit the simple possession of all drugs for personal use; and
 - b. Support the immediate scale-up of prevention, harm reduction, and treatment services.
2. The Board of Health direct the Medical Officer of Health to submit a request to Health Canada by the end of 2021 for an exemption under Section 56(1) of the *Controlled Drugs and Substances Act*, thereby starting a process to decriminalize the personal possession of illicit substances within the City of Toronto's boundaries.

Improving access, enhancing and expanding services

3. The Board of Health request the Medical Officer of Health to include funding to support the Toronto Drug Strategy Secretariat in the Board of Health Recommended Toronto Public Health 2022 Operating Budget Submission for

consideration in the 2022 Budget process.

4. The Board of Health request the Medical Officer of Health to include funding to support the enhanced use of an overdose alert app in the Board of Health Recommended Toronto Public Health 2022 Operating Budget Submission for consideration in the 2022 Budget process.
5. The Board of Health request the Federal Minister of Health to fund an expansion of injectable opioid agonist treatment (iOAT) to increase program hours and capacity to support more clients, as outlined in [Item HL31.4, Toronto Public Health 2022 Operating Budget Submission](#).
6. The Board of Health request the Provincial Minister of Health to:
 - a. Fund the remaining costs for the five proposals below as outlined in [Item HL31.4, Toronto Public Health 2022 Operating Budget Submission](#) to:
 1. increase resources for the Toronto Drug Strategy Secretariat;
 2. expand programming at The Works, including enhancing clinical and harm reduction services;
 3. improve data collection and communication to address data gaps on disparities for those disproportionately impacted by the drug poisoning crisis;
 4. expand overdose outreach response services outside of the shelter system to address spaces such as parks and drop-ins; and
 5. deliver mobile consumption services to address the need for supervised consumption services outside of the downtown core.
 - b. Fund the remaining request for approximately \$4 million in annualized funding to increase the capacity of several organizations that are part of the Toronto Opioid Overdose Action Network, as outlined in the proposals from 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.
7. The Board of Health reiterate its requests in [Item HL29.2, Toronto Overdose Action Plan: Status Report 2021](#) to the Federal and Provincial Ministers of Health to address key areas of the drug poisoning crisis, including:
 - a. support the domestic production of diacetylmorphine to increase the accessibility of this medication;
 - 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. establish and fund an Urgent Public Health Need Site program for Ontario;
- e. increase the availability of services that support people who use methamphetamine and other stimulants;
- f. fund enhanced training for service providers on supporting people who use stimulants alone or with other drugs;
- g. 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;
- h. expand funding for supervised consumption and other harm reduction services to better address the needs of specific groups (including Black, Indigenous and People of Colour, Two-Spirit, lesbian, gay, bisexual, transgender, and queer (2SLGBTQ+) 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;
- i. fund longer-term implementation of vital drug checking services and provide additional funding to create more locations in diverse settings to meet local needs;
- j. 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;
- k. improve employment standards for frontline harm reduction workers, including increased pay and benefits coverage, by increasing funding for supervised consumption and other harm reduction services; and
- l. fund a comprehensive Substance Use Crisis Centre in Toronto.

FINANCIAL IMPACT

The report requests an adjustment to Toronto Public Health's 2022 Operating Budget Submission originally adopted by the Board of Health on October 25, 2021 through [Item HL31.4, Toronto Public Health 2022 Operating Budget Submission](#).

The adjustment requests a change in funding of enhanced services for the Toronto Drug Strategy Secretariat from being fully provincially funded to a cost-shared enhancement (70 per cent provincially funded and 30 per cent City funded) and the implementation of an overdose alert app included in the Expand Outreach Overdose

Team enhancement from a fully provincially funded program to a program fully funded by the City.

Toronto Public Health will finalize anticipated 2022 costs for submission as new and enhanced service proposals as part of the 2022 Budget process, enabling consideration along with other City service priorities.

The Chief Financial Officer and Treasurer has been advised of the financial impacts associated with this report to be considered along with other priorities as part of the annual Budget process.

EQUITY IMPACT STATEMENT

Discussion and consultation about alternative models to drug criminalization has included consideration of potential impacts on Indigenous, Black and other equity-deserving groups.

Although people from all demographic and socioeconomic groups are affected by substance use, the harms of criminal justice-based drug policies disproportionately impact Black and Indigenous people, people with mental illness, people recently incarcerated and other vulnerable groups, worsening the health and social inequalities among communities.^{2,3,4,5}

The diverse multi-sectoral working group convened by Toronto Public Health included Black and Indigenous-led community agencies, including representation from Toronto Aboriginal Support Services Council and the Black Coalition for AIDS Prevention (Black CAP). In addition, the Executive Team overseeing the process had two advisors representing Indigenous and African, Caribbean, and Black communities.

DECISION HISTORY

On October 5, 2021, the Board of Health - Budget Committee requested the Medical Officer of Health to advocate to Health Canada and the Ontario Ministry of Health to fund critical services including enhanced resources for the Toronto Drug Strategy Secretariat, enhanced programming for The Works, an expanded Overdose Outreach Team, expanded Opioid Agonist Treatment (iOAT), enhanced data and improved data sharing and mobile consumption services and to report back in December 2021 on the status of funding negotiations as well as which areas should be funded by the City. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HU7.1>

On June 14, 2021, the Board of Health recognized the drug poisoning crisis as a public health crisis in the City of Toronto and urged the federal and provincial and governments to fund or expand urgently needed services. The Board of Health also requested the Medical Officer of Health 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*.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL29.2>

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 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

The drug poisoning crisis continues to worsen in Toronto, exacerbated by the COVID-19 pandemic. Deaths involving all substances, including opioids, have increased to record highs. Preliminary data shows 531 confirmed opioid toxicity deaths among residents of Toronto in 2020, an 81 per cent increase compared to 2019. These increases are alarming and unprecedented.

Fatal suspected opioid overdose calls attended by paramedics have also increased to record highs:

- In the first ten months of 2021, paramedics responded to 5,024 suspected opioid overdose calls, including 289 calls involving death; this is a 40 per cent increase in calls involving death compared to the first ten 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 5, 2021, paramedics responded to the highest number of fatal suspected opioid overdose calls (5 deaths) in one day ever recorded in Toronto.

People who use drugs have been impacted negatively by the COVID-19 pandemic in multiple ways. The spikes in fatal and non-fatal overdoses are attributed to the unpredictable and toxic nature of the unregulated drug supply, as well as pandemic-related service reductions and physical distancing requirements that have increased reports of people using drugs alone.

The status quo approach to the crisis is not working – there is an urgent need for new provincial and federal investments, as well as improved access and linkages to existing health services and social supports to meet the needs of all people who use drugs.

1. An Alternative Approach to Criminalization

The Toronto Drug Strategy is a comprehensive drug strategy for the City of Toronto based on four integrated parts – prevention, harm reduction, treatment, and enforcement/regulation. All four parts are needed to effectively reduce the harms of substance use, as well as to optimize the health of people who use drugs and the wellness of the communities around them. The decriminalization of drugs as a public health approach to drug policy was first endorsed by the Toronto Board of Health in 2018. Removing criminal penalties can complement other responses and help to break down barriers so that people at risk of drug-related harms can connect to safer supply programs, life-saving treatment, harm reduction services, and other social services like housing without the fear of criminal charges or discrimination.

While criminal penalties for drugs may have been put in place to deter harmful drug use or increase public safety, evidence shows that banning drugs has not reduced the global supply of unregulated drugs.⁶ Between 2010 and 2019, the estimated number of people using any drug globally increased from 226 million to 274 million (22 per cent).⁷ Over the last decade, there has also been a diversification in the substances available on drug markets along with the increased potency of those drugs.⁸

The extent to which drug use can affect both the people who use drugs and the people around them is impacted by the availability of supports that can help address the potentially harmful health and social consequences of drug use.⁹ When drugs are illegal, people who use drugs may be discouraged from seeking the support they may need (including treatment) for substance use because they are afraid of judgement or criminal sanctions. Stigma can also contribute to a reduced quality of care in the healthcare system when people do seek help.^{10,11} Fear of criminal charges may force people to use substances alone or in unsafe locations and engage in behaviours that place their health or safety at risk, which has led to increases in fatal overdoses and blood-borne infections like HIV, hepatitis and tuberculosis.^{12,13} This fear can create harms for all people who use drugs, even those who use substances occasionally or for the first time.

Criminalizing drug possession also has disproportionate effects on Indigenous and Black populations, who are more often over criminalized for the prosecution of simple drug offenses.¹⁴ Incarceration has both indirect and direct negative health impacts such as risk of infection and disease and impacts on family, relationships, and mental health. Even more, criminal records make it hard for people to find a job and a place to live, both of which are critical social determinants of health.

In 2020, the Public Prosecution Service of Canada [issued a guideline for federal prosecutors](#) acknowledging that criminal sanctions for the simple possession of drugs have limited effectiveness as both a deterrent and as a way of addressing public safety when considering the harmful impact of incarceration and criminal records. The cost of policing, court services, and legal proceedings related to drug possession nationally is

also high. In 2017, it was estimated that more than \$6.4 billion in criminal justice costs, including policing, courts, and correctional costs in Canada could be attributed to the use of illicit substances.¹⁵ More than half of the \$6.4 billion figure was credited to costs in Ontario alone, with an estimated \$3.7 billion in criminal justice costs attributed to substance use in the province in 2017.¹⁶

There is growing support among law enforcement authorities and civil society for a public health approach to drug policy. In July 2020, the [Canadian Association of Chiefs of Police](#) 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 Canadian Association of Chiefs of Police decriminalization recommendations, as well as its support for safer supply and supervised consumption services.

In June 2021, [Ontario's Big City Mayors](#) called for the decriminalization of controlled substances. Also in June 2021, [47 Toronto-based civil society](#) organizations called for decriminalization of simple possession within city limits. A [national poll by Angus Reid](#) in February 2021 found overall support (59 per cent nationally and 60 per cent in Ontario) for decriminalization of simple possession of drugs.

Evidence from jurisdictions that have a non-criminal approach to simple possession of drugs show a number of positive outcomes, including:

- increases in the number of people seeking treatment;
- reduction in HIV transmission and drug-related deaths;
- improved community relations with police;
- better employment outcomes;
- decrease in problematic substance use (drug dependence); and
- overall cost savings in the long-term.^{17, 18, 19, 20, 21}

Decriminalization aligns with [SafeTO](#), a comprehensive Ten-Year Community Safety and Well-Being Plan for Toronto, which aims to shift community safety issues away from a lens of law enforcement and crime. In line with Goal #1 "Reduce Vulnerabilities" of the seven strategic goals of SafeTO, decriminalization is just one piece of the broader plan to reduce substance-related harms, promote bold culture change, and enable proactive mental health and substance use supports that improve community well-being.

The *Controlled Drugs and Substances Act*

The *Controlled Drugs and Substances Act, 1996* is the legislative framework that regulates the possession, distribution, and sale of illegal drugs in Canada and is administered through Health Canada. Alcohol and cannabis are not regulated through this *Act*. All activities surrounding controlled substances are prohibited unless authorized by regulation or exemption. This includes:

- possession, including possession for purpose of trafficking;
- import or export;
- production, assembly, and distribution;

- sale; and
- transport.

Under section 56(1) of the *Controlled Drugs and Substances Act*, the Federal Minister of Health may, on terms and conditions that the Minister considers necessary, exempt a class of persons or any controlled substances from any provisions of the *Act*, if the Minister deems it necessary for a medical purpose or it is otherwise in the public interest. The same authority has been used to allow supervised consumption services to operate across Canada.

Process for seeking an exemption

Decriminalizing the possession of drugs for personal use in Toronto requires an exemption request to Health Canada. If granted, this would mean an exemption from criminal penalties for the possession of all drugs for personal use (simple possession) within Toronto's geographic boundaries. All other activities associated with drug trafficking, such as production and sale, would remain illegal and subject to the penalties under the *Controlled Drugs and Substances Act*.

While there is no standardized template for seeking an exemption, Health Canada has indicated that a request should include information such as:

- description of the local context that supports an exemption;
- details of an alternative approach to criminalization including alternative healthcare or social support services and pathways for those at risk of drug poisonings or other harms from drug use;
- support from a wide range of stakeholders and members of the community, including people with lived and living experience of drug use, community organizations, and law enforcement; and
- an implementation and evaluation plan to monitor the ongoing impacts of an exemption if granted.

In May 2021, the City of Vancouver became the first municipality in Canada to submit an exemption request to Health Canada seeking to decriminalize the simple possession of illicit drugs in Vancouver. The City of Vancouver initiated discussions with Health Canada in January 2021, submitted a preliminary submission in March 2021, and provided a final submission in May 2021 following public engagement. In November 2021, British Columbia became the first province in Canada to seek an exemption from Health Canada. Other cities, such as Montreal and Ottawa, have passed motions asking the federal government to decriminalize the simple possession of drugs for personal use.

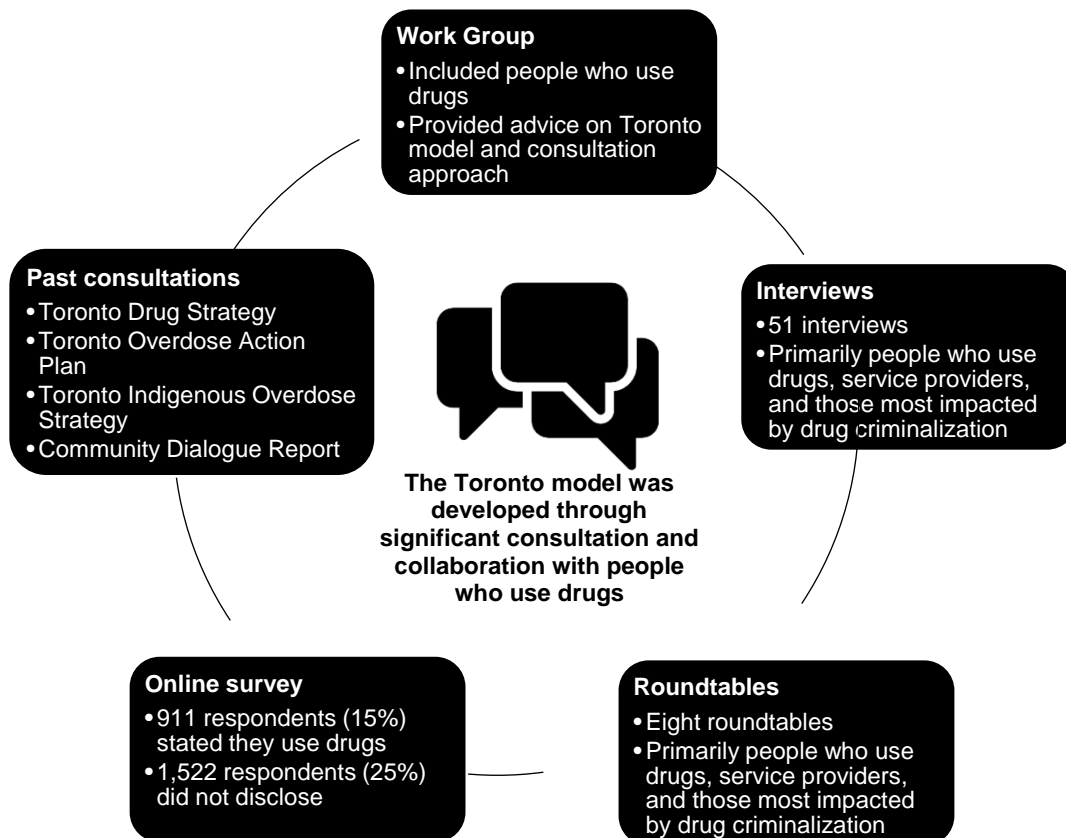
The Toronto model

In June 2021, the Toronto Board of Health requested that the Medical Officer of Health, in consultation with relevant City divisions, convene a multi-sectoral working group to develop a health- and social equity-based alternative approach to criminal sanctions for the possession of all drugs for personal use, as a step towards requesting an exemption under the *Controlled Drugs and Substances Act*.

Following Board of Health direction in June, Toronto Public Health engaged a consultant to lead a comprehensive consultation process with a broad range of stakeholders and members of the public in the summer of 2021. As shown in Figure 1, the consultation process was centred on people with lived and living experience of drug use and the agencies and service providers that support them through roundtable discussions, interviews, an online questionnaire, and a diverse multi-sectoral working group. In total:

- 27 organizations made up the multi-sectoral working group.
- Nearly 6,000 people completed the online questionnaire, which was open from August 16, 2021 to September 27, 2021.
- More than 166 people/organizations were invited to participate in interviews and roundtables with intentional efforts to engage those most impacted by drug policy such as African, Caribbean, Black, and Indigenous communities and sex workers.
- More than 51 interviews and 11 roundtables were completed.
- General feedback was also received and reviewed throughout the process through the Toronto Public Health Consultation e-mail account.

Figure 1: Consultation and collaboration with people who use drugs



The consultations highlighted the need for a human rights and public health approach to drug policy, rather than criminal or civil sanctions, and the need to decrease stigma and increase the safety of drug use. Torontonians who responded to the questionnaire and participated in consultations overwhelmingly supported the decriminalization of simple

possession. They also want to see significant income, housing, social, and health services to reduce harm and improve the dignity, autonomy, health, and well-being of people who use drugs and improve the health outcomes of their communities.

A summary of the consultation to date as well as key findings is included in in Attachment 1.

Toronto Public Health is in the final stages of compiling information collected from the consultations to inform key elements/design features of an alternative model to criminal penalties. The design features of Toronto's model are still being developed. Consideration has been given to non-criminal responses in other jurisdictions which include:

- Jurisdiction (entire city, regional, or smaller areas)
- Classification of drugs (all illicit drugs or some)
- Possession amounts and limits based on community use
- Health referrals and pathways
- Alternatives to charges (e.g., administrative fines or penalties)
- Oversight and evaluation

A key component of the emerging Toronto model is the recognition that people who use drugs should be able to connect with the supports they may need without fear of criminal charges, stigma or discrimination. This connection could be made by trusted peers, first responders, harm reduction workers, or other health care providers, as appropriate. From a public health perspective, it is essential to remove whatever barriers may exist so all people who use drugs can use more safely or access health and social services.

Ongoing work will be needed to refine a made-in-Toronto solution that is practical for people who use drugs, service providers, law enforcement and other key stakeholders involved in implementing a new model (if approved by Health Canada). This includes a dedicated workgroup to develop a proposal to determine personal possession amounts. In addition, a dedicated working group is being established among Indigenous health organizations and people who use drugs to provide guidance on the development of culturally appropriate services for a distinct Indigenous-led health referral pathway.

Toronto Public Health has retained an independent consultant to develop an evaluation framework and provide ongoing evaluation support for the forthcoming Toronto model.

Based on the Vancouver experience, the process for a request for exemption is expected to be iterative with ongoing consultations with Health Canada after an initial submission is made. Toronto Public Health will keep the Board of Health apprised of discussions with Health Canada, including an implementation plan, if an exemption is ultimately granted.

2. Improving Access, Enhancing and Expanding Services

While there is widespread agreement on the need for an alternative approach to the criminalization of drugs, it is only one part of a comprehensive approach to addressing

the drug poisoning crisis. To be successful in improving the overall health outcomes of people who use drugs, their families, and communities, decriminalization must be accompanied by new provincial and federal investments and improved access to safer supply programs, harm reduction, and treatment services.

Some people use drugs without experiencing health related harms or having a substance use disorder. However, for those at risk of substance-use related harms including drug poisoning, existing services available to support people who use drugs have limited funding or limited capacity to serve residents. It is crucial that these programs have the infrastructure and capacity to provide people who use drugs with access or referrals to culturally appropriate care, when and where they need it.

Government of Ontario

Enhancement of existing services aligns closely with the [Government of Ontario's Roadmap to Wellness](#), a comprehensive plan to build a modern, connected and high-quality mental health and substance use treatment system in Ontario, centred on the needs of individuals and their families. The Roadmap to Wellness has the following four pillars:

1. **Improving quality:** enhancing services across Ontario
2. **Expanding existing services:** investing in priority areas
3. **Implementing innovative solutions:** filling gaps in care
4. **Improving access:** a new provincial program and approach to navigation.

The provincial plan recognizes that people experiencing mental health or substance use disorders experience long wait times for treatment, confusion in navigating the system, and poor coordination among providers. Toronto Public Health's calls for the expansion of existing programs to serve more people and respond to gaps in the current system aligns with the four pillars of the Roadmap to Wellness.

Prior to the COVID-19 pandemic, the Toronto Academic Health Science Network (a network of academic health organizations that is comprised of the University of Toronto and 12 affiliated hospitals), Toronto Public Health, and several community organizations partnered to create the Toronto Academic Health Science Network/Toronto Public Health Opioid Task Force. This group, now called the Toronto Opioid Overdose Action Network, also includes South Riverdale Community Health Centre, Parkdale Queen West Community Health Centre, Anishnawbe Health, and people with lived experience of drug use. Recognizing that the COVID-19 pandemic intensified the drug poisoning crisis, the Toronto Opioid Overdose Action Network sent a proposal to Ontario Health in the fall of 2020 proposing the creation integrated services between hospitals, Community Health Centres, and community service providers to ensure continuous care for people who use drugs as they move through different parts of the health care system.

The Toronto Opioid Overdose Action Network requested from the Province \$0.6 million in 2020-2021 funding and \$5.3 million in annualized funding for harm reduction teams, safer opioid supply, injectable opioid agonist therapy, and addiction consultation services. One-time funding of \$601,800 was received from Ontario Health in early 2021

to be used in fiscal year 2021-2022. This funding was used for:

- Harm reduction teams;
- Safer opioid supply;
- Injection opioid agonist treatment (iOAT);
- Rapid Access Addiction Medicine (RAAM) Clinics; and
- Addiction consultation services.

Of the total funding amount, \$126,800 was provided to Toronto Public Health to deliver iOAT through The Works.

As part of the Roadmap to Wellness, the Province has pledged increased annual financial support (\$2.25 million), beginning in late 2021, that will expand some services for people who use drugs in Toronto. Funding will be provided through Ontario Health to various organizations (including Toronto hospitals and community agencies) that are part of the Toronto Opioid Overdose Action Network. The services that will be expanded include harm reduction services in high risk community settings, substance use treatment access through Rapid Access Addiction Medicine clinics, and hospital-based addiction consultation services to improve the care for people who use drugs while they are in acute care settings.²²

The Government of Ontario has not yet provided particular dollar values with respect to how each element will be funded; however, City staff have met with provincial counterparts and there is general support to work collaboratively to support Toronto Public Health and its partners in carrying out work aimed at improving the health outcomes of people who use drugs. Toronto Public Health will continue to advocate for stable, annualized funding to increase the capacity of several organizations and provide a system-level approach to addressing the drug poisoning crisis, in line with the Roadmap to Wellness.

Government of Canada

Toronto has also received time limited funding for safer supply programs through the federal Substance Use and Addictions Program. In April 2021, the federal government [announced \\$7.7 million in additional funding](#) for 3 safer supply programs in Toronto, including:

- \$2.3 million over two years for injectable opioid agonist treatment (iOAT) at the Works;
- \$2.15 million for two years for Safer Opioid Supply Program in Parkdale Queen West; and
- \$3.28 million for Safer Opioid Supply Program in Downtown East.

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 serving approximately 35 people at high risk of overdose at a fixed site in downtown Toronto.

Budget proposals to address the drug poisoning crisis

In recognition of the worsening situation for people who use drugs, on October 25, 2021 the Board of Health recommended to the City of Toronto's Budget Committee six proposals for inclusion in Toronto Public Health's 2022 Operating Budget to take immediate actions to address the drug poisoning crisis. The six proposals are described in more detail below:

- 1. Expand Injectable Opioid Agonist Treatment (iOAT):** Additional resources will support the existing program and enable an expansion of hours. This would make the service more accessible and would enable the team to add additional clients. iOAT programs have been shown to reduce reliance on the toxic drug supply by providing an alternative that is prescribed, thereby reducing overdose and overdose death. The iOAT program at The Works also provides case management, providing a pathway into care including counselling, support and referrals to community services.
- 2. Enhance Resources for the Toronto Drug Strategy Secretariat:** This investment would increase the Secretariat's capacity to address this growing crisis. This capacity could support updating the Toronto's Drug Strategy, project management of work on an alternative model to drug criminalization, community engagement, and research and evaluation work.
- 3. Enhance Programming for The Works:** This investment would support enhanced strategic leadership and administrative supports to ensure the ongoing and emerging needs of people who use drugs are met and continue to be met.
- 4. Expand Overdose Outreach Team:** Investments are needed for additional outreach workers, coordination supports, involvement of people with lived experience, and the implementation of an overdose alert app. The app connects people who use drugs anonymously with community members when they are vulnerable to overdose. Callers let supports know when to send help and whom to send it to. Overdose alert app sensors or buttons would be installed in drop-ins and respites and could potentially be installed in parks and library bathrooms.
- 5. Enhance Data and Improve Data Sharing:** Enhanced data analysis and more effective communication of that data has emerged as an area of need. This investment will allow for expanded and timelier analysis and reporting of drug-related data as well data on mental health and substance use.
- 6. Mobile Supervised Consumption Site:** This service would expand access to supervised consumption sites to underserved parts of the City. Investment in this service would include purchase and retrofitting of a vehicle, staffing and program cost.

In 2022, the six services total \$3.36 million in operating costs and \$300,000 in capital investment. Annualized operating costs would total \$6.2 million beginning in 2023.

Toronto Public Health Staff will finalize anticipated 2022 costs for submission as new and enhanced service proposals as part of the 2022 Budget process, enabling

consideration along with other City service priorities. The 2022 proposed new and enhanced request includes the following:

- The Toronto Drug Strategy Secretariat will be updated to reflect an investment of \$287.7 thousand from the City, effectively changing this proposal from a 100 per cent provincially funded enhancement to one that is cost-shared (70 per cent provincially funded/ 30 per cent City funded).
- An overdose alert app included in the Expanded Outreach Overdose Team will be updated to reflect a \$44.6 thousand investment from the City, effectively changing this proposal from a 100 per cent provincially funded program to a fully City funded program.

Toronto Public Health will continue to engage with provincial and federal stakeholders and partners to secure funding for the remaining funding proposals, as outlined in in [Item HL31.4, Toronto Public Health 2022 Operating Budget Submission](#). The worsening crisis indicates a clear need to build a strong continuum of care for people who use drugs to address the increasingly toxic unregulated drug supply, structural barriers to healthcare and social services, and the marginalization of people who use drugs.

Equity considerations

Qualitative data and community information shows that existing services do not yet meet the needs of all those who use drugs. More can be done to provide support to distinct communities including but not limited to:

- Provide culturally appropriate, trauma-informed training for all health and human resources across the continuum of care.
- Support organizations that provide harm reduction services to address the needs of specific groups, such as Black, Indigenous and People of Color, and Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning communities (2SLGBTQ+) to expand their harm reduction programming, and potentially offer supervised consumption services.

Toronto Drug Strategy and Toronto Overdose Action Plan

In light of the worsening drug poisoning crisis and this work to pursue an alternative approach to the criminalization of drugs, the Toronto Drug Strategy Secretariat is planning to update the Toronto Drug Strategy and the Toronto Overdose Action Plan in 2022. This will include community consultations with people who use drugs, their families and allies, and service providers. The update will also include jurisdictional scans and a review of recent research to ensure the strategy is informed by the latest evidence-based data.

3. Report Back on Outstanding Directives

Residential treatment programs

In June 2021, City Council requested the Medical Officer of Health and the General Manager, Shelter, Support and Housing Administration to report back with an update on all residential rehabilitation treatment programs and services currently offered in the City

by all levels of government and by all non-profit agencies for individuals of limited income who are dealing with substance abuse challenges.

Addiction treatment services (including residential programs), like most health services fall under the jurisdiction of the Government of Ontario. There are only a few residential treatment services in Toronto. Any publicly funded services are funded by the Ministry of Health and are open to all people, including people with limited income.

The available publicly funded residential treatment program are listed on the [Connex Ontario website](#) and are offered by five organizations:

- The Salvation Army, Jean Tweed Treatment Centre, The Renascent Fellowship, St Michael's Homes, and Street Haven at the Crossroads.
- Three organizations offer withdrawal management services at five locations across Toronto; they are all publicly funded.

Consultation with the construction sector

Also in June 2021, the Toronto Board of Health requested the Medical Officer of Health convene a meeting with construction sector stakeholders to discuss opioid use and overdoses among construction workers and how Toronto Public Health's comprehensive Toronto Overdose Action Plan can assist in addressing these issues.

Toronto Public Health convened a meeting with construction sector stakeholders on September 1, 2021 to discuss the impact of the opioid crisis on the sector and opportunities for action. Construction sector stakeholders identified the following areas for action: awareness and training, prevention, support and treatment, and data and evidence. Toronto Public Health and construction sector stakeholders are continuing conversations about opportunities for collaboration to address the opioid crisis among construction workers. It will take multiple partners working together to advance the actions identified by stakeholders at the meeting. A detailed summary of this consultation is provided in Attachment 2.

Next Steps

Significant change on an issue as complex as substance use will take time and dedicated cooperation and funding from all three levels of government. The drug poisoning crisis requires us to seek new policy and program solutions to supporting individuals who use drugs, their families, and communities and by working together across a continuum of sectors to ensure all people have access to the health services they need, when and where they need them. Whether it be decriminalization, lower threshold harm reduction, access to supportive housing, or higher intensity treatment focused care, Toronto Public Health remains committed to supporting actions that are urgently needed to respond to the drug poisoning crisis and stem the tide of overdose deaths.

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SIGNATURE

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ATTACHMENTS

Attachment 1 – Summary of Public Consultations on Drug Decriminalization
Attachment 2 – Opioid Crisis - Summary of Construction Sector Consultation
Attachment 3 – Toronto Police Service Letter of Support – Alternative Approach to Drug Criminalization in Toronto

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