

To the City Clerk:

Please add my comments to the agenda for the December 6, 2021 Board of Health meeting on item HL32.3 Actions to Respond to the Drug Poisoning Crisis in Toronto

I understand that my comments and the personal information in this email will form part of the public record and that my name will be listed as a correspondent on agendas and minutes of City Council or its committees. Also, I understand that agendas and minutes are posted online and my name may be indexed by search engines like Google.

Comments:

Board of Health

Agenda Item HL 32.3

December 6, 2021

To the Members of the Board of Health,

We are still grieving. Drug poisoning fatalities must end now.

My name is Melody and I am a nurse from Street Health working in the Downtown East Collaborative Safer Opioid Supply Program in Toronto. Street Health has been offering health and social services to homeless and street-involved people at the corner of Dundas and Sherbourne for over 35 years . Our staff are frontline witnesses and responders to the complex and sometimes unimaginable levels of suffering and hopelessness of the thousands of people who are homeless in Toronto.

I started my career in nursing in 2016. I wanted to specialize in harm reduction. I wanted to support people to use drugs in a safe environment free from judgement and discrimination. But the drug poisoning crisis has been my focus and now, after 5 years, I can say my nursing specialty is in overdose prevention and homelessness. The OPS/CTS/SCS sites were never meant to be the overdose mills! This was never meant to become a nursing specialty! THIS IS A CRISIS.

We needed drugs to be decriminalized for personal use many MANY years ago. Now we not only need decriminalization to happen, we also need a way to regulate and distribute a supply of drugs that is free from contamination. It's a toxic, tainted drug supply that is and always has been causing harm. We need to get to a place where people who want to use drugs can get safe, reliable access to their drug of choice. We should now be at a place that realizes people use drugs for all sorts of reasons. We should also be at a place where people can trust the drugs they obtain are in fact the drugs they wanted. For example, if someone obtains cocaine, it should be cocaine; not cocaine with fentanyl. Or if they obtain fentanyl, it should be fentanyl; not fentanyl with benzodiazapines and lavamisole. There are ways to achieve this, and decriminalization is good start. This is a constantly evolving crisis with no end in sight. We continue to lose people as a direct result of policy inaction and the racist, colonial and oppressive laws which have directly led to this toxic drug supply.

We are still grieving our friends, colleagues, family members, and loved ones. Each one of us is overwhelmed by the unrelenting scale of overdose deaths in our communities. 6,000 people died in Canada in 2020. Last year in Ontario, overdose deaths increased by 60% when nearly 2,500 people died. Overdose deaths among people experiencing homelessness rose by 133% during the pandemic, with a significant increase in overdose deaths occurring in shelters, respites and physical distancing hotels. As this committee meets to talk about the overdose action plan and make recommendations without substantive actions, more and more people are dying.

The harm reduction community has come to this committee countless times to deplore as the overdose crisis continues to escalate - we have shared evidence, told personal stories about those we knew, and pleaded with this committee to urgently address this health emergency. Instead, this committee has made recommendation after recommendation without concrete action. Enough of the recommendations and endless working groups: it's time for the City of Toronto to act.

We are calling on the City to not wait for other levels of government to step in and provide solutions when, in fact, there are many lifesaving interventions that can be enacted without them.

We call on the City of Toronto to immediately:

1. Enact drug decriminalization by urgently requesting a Section 56 exemption from the federal government for the City of Toronto. Toronto's Medical Officer of Health, Dr. Eileen de Villa, recommended decriminalization 3 years ago, with no action from the City since then. There is no time for another working group while people continue to die.
2. Immediately develop regulations for decriminalized drugs so they can be distributed safely and free from contaminants like benzodiazepines, lisdexamfetamine and the constantly evolving supply of experimental research chemicals. Decriminalization is not enough given the current toxic drug supply. Drug poisoning fatalities must end now.
3. Ensure that people who use drugs are the primary stakeholder and expert group on all matters related to decriminalization in the City of Toronto;
4. Immediately 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
5. provide consistent and ongoing funding to Safer Supply Programs currently operating in Toronto and allocate funding to expand these programs. Currently the Federal Government funding for the extended pilot projects will expire in March 2023 with no plan for ongoing care for clients currently enrolled in the DEC-SOS Collaborative Program
6. Immediately fund the implementation of a spectrum of safer supply options, including listing injectable opioid agonist treatment (iOAT) medication, high dose injectable hydromorphone, oxycodone, fentanyl tablets (Fenora) and fentanyl patches on the Ontario Drug Benefit Formulary so SOS programs in Ontario can provide a similar range of options as those already in effect in British Columbia.

7. Ensure mandatory and comprehensive overdose response training is provided to all staff (including security, employment agency and relief staff) in shelters, respites, and physical distancing hotels;
8. Implement regular and rigorous accountability measures across all City-funded shelters, respites, and physical distancing sites to ensure overdose preparedness;
9. Declare a moratorium on violent encampment evictions and support overdose response measures for encampment residents.
10. Immediately implement full-scale harm reduction supports and open overdose prevention sites in all shelters, respites, and physical distancing hotels

We demand that these measures be urgently adopted by this government as continued inaction will inevitably lead to more preventable deaths. We cannot allow this level of death and grief to be normalized.

Melody Alderton-Ballik, RN

Safer Opioid Supply Program, Street Health