

Toronto Overdose Action Plan: Status Report 2022

Date: June 6, 2022

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

The drug poisoning crisis has continued to intensify since 2015 and has been exacerbated by the COVID-19 pandemic. Toronto Public Health (TPH) continues to implement the Toronto Overdose Action Plan (TOAP), initially launched in 2017 and updated in 2019.

The Office of the Chief Coroner for Ontario estimates 511 confirmed and 54 probable opioid toxicity deaths occurred in Toronto, in 2021. This level of opioid poisoning deaths is in line with trends observed in 2020, but represents a 71 percent increase from 2019 and a 273 percent increase from 2015. Alarming trends are also being observed at the provincial level. Across Ontario, 2,819 people died due to confirmed or probable opioid overdoses in 2021.

This significant loss of life is reverberating throughout Toronto communities, impacting the families, chosen families, friends, and co-workers of people who use drugs. First-responders and frontline shelter, health, and social support workers are also grieving these losses.

Overdose deaths are preventable and are due in large part to the unregulated drug supply, where the use of highly-potent opioids combined with more unexpected and concerning substances are significantly increasing the risk of overdose.

This staff report highlights actions taken by TPH and City Divisions towards the continued implementation of the TOAP and provides an update on Board of Health direction for the Medical Officer of Health to submit a request to Health Canada for an exemption under Section 56(1) of the *Controlled Drugs and Substances Act*. This report also recommends further actions that are urgently needed by the Provincial and Federal governments to prevent additional drug poisoning deaths.

Shelter Support and Housing Division (SSHA), Social Development, Finance and Administration (SDFA), Toronto Community Housing Corporation (TCHC), and community partners were consulted in the development of this report.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health continue to recognize the drug poisoning crisis as a public health crisis in the City of Toronto and continue to commit to supporting actions that are urgently needed.
2. The Board of Health reiterate its call requesting the Federal government to:
 - a. Develop a national framework to permit the simple possession of all drugs for personal use.
 - b. Support the immediate scale up of prevention, harm reduction and treatment services
 - c. Support and fund additional safer supply options in Toronto.
3. The Board of Health reiterate requests for the following actions from the Province of Ontario:
 - a. Expand funding for harm reduction and treatment services for disproportionately impacted communities, including African, Caribbean, Black, and Indigenous people to allow additional hours of operation, expand supervised consumption services to include supervised inhalation and smoking, and hire additional peer workers.
 - b. Expand funding for a comprehensive continuum of harm reduction and treatment services that respect the diverse needs of people who use drugs.
 - c. Remove the cap of 21 Consumption and Treatment Services Sites in Ontario.
 - d. Fund the proposal submitted to Ontario Health for the Substance Use Crisis Centre – Toronto (SCC-T).
 - e. Integrate long-term and sustainable program funding for injectable Opioid Agonist Treatment (iOAT) and other safer supply tablet programs to ensure a seamless transition for clients on this medication once Health Canada's Substance Use and Addictions Program (SUAP) funding expires in March 2023.
 - f. Support safer supply options, including listing high dose hydromorphone on the Ontario Drug Benefit Formulary and exploring other evidence-informed options.
 - g. Identify and remove barriers to safe inhalation and smoking at Consumption and Treatment Service sites.
 - h. Formally integrate drug checking into harm reduction services in Ontario by extending funding for the only drug checking service currently operating in

Ontario, and expanding drug checking services to all supervised consumption services in Ontario.

i. Provide sustainable funding for the Integrated Prevention and Harm Reduction initiative (iPHARE), and expand funding for harm reduction services in the shelter system.

4. The Board of Health direct the Medical Officer of Health to continue working with Health Canada on the conditions that would allow for an exemption approval under Section 56(1) of the Controlled Drugs and Substances Act within the City of Toronto.

5. The Board of Health request the Medical Officer of Health to conduct community consultations throughout 2022 to inform a refreshed Toronto Drug Strategy for consideration by the Board of Health in 2023.

FINANCIAL IMPACT

There is no financial impact associated with the adoption of the recommendations in this report.

EQUITY IMPACT STATEMENT

Drug criminalization amplifies structural inequities in Canada and these inequities contribute to First Nations, Inuit, Métis, and Black people being disproportionately and negatively impacted by much higher rates of criminal prosecution and incarceration.¹

Incarceration has both indirect and direct health impacts, and individuals with mental health concerns and those who use substances are over-represented in the criminal justice system.² Incarceration can disrupt access to government supports such as health care, income or employment services, which can increase barriers to successful reintegration upon release. The risk of accidental overdose often increases after incarceration, after unsupervised or non-medically managed withdrawal.

Toronto Public Health is committed to addressing inequities in drug-related policies, programs, and services, through the continued implementation of the Toronto Overdose Action Plan and activities described within this report.

To ensure these considerations remain central to the work on decriminalization, Toronto Public Health continues to convene the multi-sectoral decriminalization reference table launched in 2021, which includes representation from Black and Indigenous-led

¹ Report 2: Recommendations on the federal government's drug policy as articulated in a draft Canadian Drugs and Substances Strategy. Available [here](#).

² Office of the Auditor General of Ontario (AGO). (2019). Annual Report 2019. Reports on Correctional Services and Court Operations. Volume 3. Toronto, Ontario: Office of the Auditor General of Ontario. Retrieved [here](#).

community agencies. Additional details can be found in Attachment 1: Toronto Public Health Actions to Seek Alternatives to Drug Criminalization.

DECISION HISTORY

On December 6, 2021, the Board of Health directed the Medical Officer of Health to submit a request to Health Canada for an exemption under Section 56(1) of the Controlled Drugs and Substances Act, to decriminalize the personal possession of illicit substances within the City of Toronto's boundaries.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL32.3>

On June 3, 2021, the Board of Health received the 2021 Toronto Overdose Action Plan Status Report, which focused on the impact of COVID-19 on the drug poisoning crisis.

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

On November 16, 2020, the Board of Health called 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>

COMMENTS

The following provides an update on the status of the drug poisoning crisis in Toronto, specific actions that have been taken to improve overall health and wellbeing, and mitigation strategies to address the harms from the unregulated drug supply.

Status of the drug poisoning crisis in Ontario and Toronto

Across Ontario and in Toronto, deaths from all substances, including opioids, continue to increase as the unregulated drug supply becomes more toxic. When the drug supply is unpredictable and increasingly toxic, people who use drugs are more at risk because the drugs might be different, or more potent than expected. The most current data at the time of this report on confirmed opioid toxicity deaths from the Office of the Chief Coroner (OCC) estimate that:

- In Ontario, 2,549 individuals died in 2021, and 2,460 individuals died in 2020, a 64 percent and 58 percent increase, respectively, compared to 2019.

- In Toronto, 511 individuals died in 2021 (plus an additional 54 probable deaths) and 539 individuals died in 2020, a 71 percent and 80 percent increase, respectively, in confirmed opioid toxicity deaths compared to 2019.³

Non-fatal suspected overdoses have also escalated rapidly since May 2021. Over this period, Toronto Paramedic Services has recorded some of the overall highest daily and monthly counts of calls due to this issue.⁴

This increase has had a significant impact within the City's shelter system:⁵

- Toronto Paramedic Services attended 1,496 non-fatal calls for suspected opioid overdoses in 2021.
- There was an 85 percent increase in non-fatal calls and a 61 percent increase in fatal opioid overdoses in 2021 compared to 2020.
- The escalation in non-fatal calls to Toronto Paramedic Services followed a previous 34 percent increase in 2020 compared to 2019.

Housing and fatal drug use in Toronto

Drug poisonings continue to be a major cause of death among people along the full continuum of housing in Toronto:

- 62 percent – the majority – of individuals who died from accidental opioid toxicity (between April 1, 2020 and September 30, 2021) resided in a private dwelling, while 28 percent were experiencing homelessness.⁶
- Data collected by TPH show that in 2021, 55 percent of deaths among people experiencing homelessness were due to drug toxicity, similar to 53 percent in 2020 but higher than the 30 percent in 2019.⁷
- There were 71 opioid toxicity deaths in the shelter system in 2021.⁸
- During the first quarter of 2022 there were 10 fatal opioid toxicity or suspected drug-related overdose deaths in homelessness service settings.

³ Interactive Opioid Tool. Public Health Ontario, Confirmed opioid toxicity deaths, 2019. Available [here](#). 2020/2021 death counts are from: Office of the Chief Coroner for Ontario, Coroner's Opioid Investigative Aid, Confirmed opioid toxicity deaths, January 2020 to December 2021.

⁴ Toronto Paramedic Services, Electronic Patient Care Record, August 3, 2017 to March 31, 2022. 2022.

⁵ City of Toronto, Overdoses in Homelessness Services Settings: January 1, 2018 to March 31, 2022. 2022. Available [here](#).

⁶ Office of the Chief Coroner for Ontario, Coroner's Opioid Investigative Aid, Confirmed opioid toxicity deaths, May 2017 to September 2021. 2022.

⁷ Toronto Public Health, Deaths of People Experiencing Homelessness: January 1, 2017 to December 31, 2021. 2022. Available [here](#).

⁸ City of Toronto, Overdoses in Homelessness Services Settings: January 1, 2018 to March 31, 2022. 2022. Available [here](#).

Opioids and other substances are contributing to deaths in Toronto

Findings from [Toronto's Drug Checking Service](#) – which is the only drug checking service available in Ontario – reveal an unregulated drug supply that continues to be more toxic, more contaminated, and less predictable.

Coroners' investigations reveal that opioids, as well as a number of other substances, contribute to opioid toxicity deaths in Toronto.

- From April 1, 2020 to September 30, 2021, fentanyl and fentanyl analogues contributed to 93 percent of accidental opioid overdose deaths in Toronto.⁹
- The non-opioid substance involved in the most opioid overdose deaths continues to be cocaine, which contributed to 53 percent of accidental opioid toxicity deaths in Toronto from April 1, 2020 to September 30, 2021.¹⁰
- Over 2021, there was an increase in the number of confirmed opioid deaths involving methamphetamine, reaching a high of 53 percent in third quarter of 2021, slightly surpassing cocaine (52 percent) for the first time.
- Other non-opioid substances that contribute to accidental opioid overdose deaths include alcohol and benzodiazepines.¹¹

Findings from Toronto's Drug Checking Service indicate that in addition to an increase in the number of fentanyl samples containing benzodiazepine-related drugs, there was also an increase in fentanyl samples containing carfentanil, a synthetic opioid considered to be 100 times stronger than fentanyl, and a 20 percent increase in the number of heroin samples containing fentanyl.

There is also emerging evidence that harms from stimulant use are increasing. The majority (63 percent) of identified stimulant toxicity deaths involved cocaine, and 53 percent involved methamphetamines.¹²

2021 Initiatives to Address the Drug Poisoning Crisis

The Toronto Overdose Action Plan, last updated in 2019, called for a series of actions from all orders of government to respond to the opioid crisis, which was intensifying at that time. As the data shows in this report, the crisis continues to worsen, and has shifted beyond just opioids into a broader drug poisoning crisis, further exacerbated by the COVID-19 pandemic.

⁹ Office of the Chief Coroner for Ontario, Coroner's Opioid Investigative Aid, Confirmed opioid toxicity deaths, May 2017 to September 2021.2022.

¹⁰ Office of the Chief Coroner for Ontario, Coroner's Opioid Investigative Aid, Confirmed opioid toxicity deaths, May 2017 to September 2021.2022.

¹¹ Office of the Chief Coroner for Ontario, Coroner's Opioid Investigative Aid, Confirmed opioid toxicity deaths, May 2017 to September 2021.2022.

¹² Special Advisory Committee on the Epidemic of Opioid Overdoses, Opioids and Stimulant-related Harms in Canada.2022: Ottawa. Available [here](#).

The TOAP was originally developed with data from survey responses, input from the Toronto Drug Strategy Implementation Panel, and important insights from discussions with people who use drugs in Downtown Toronto, North York, Etobicoke, and Scarborough.

This report includes relevant updates on recommended actions, such as increasing access to safer alternatives to the toxic drug supply, enhancements of harm reduction services, including in shelters, and alternatives to drug criminalization, paired with continued calls for action from provincial and federal governments.

Toronto Drug Checking Service

The Toronto Drug Checking Service is a five-year program funded by the Health Canada Substance Use and Addictions Program (SUAP) until December 31, 2022. Through the pilot, drug samples are collected at five community health agencies and results are communicated one to two calendar days later to service users along with harm reduction strategies and referrals to health services. Results are publicly disseminated to a range of clinicians, drug policy and health research organizations, and inform relevant and timely treatment, policy, and program strategies.

Since launching in October 2019, Toronto's Drug Checking Service has been accessed over 6,000 times, and is a critical component of harm reduction services in the city. This report recommends that the provincial government formally integrate drug checking into harm reduction services in Ontario and fund the extension and expansion of the program to ensure drug checking services continue to be available in Toronto.

New supervised consumption services

Supervised consumption services (SCS) are offered in several locations in Toronto. In April 2022, Casey House became the first Ontario hospital to provide outpatient SCS, where clients are able to use drugs while being monitored by trained staff who can provide emergency medical care in case of overdose.

Due to the increased need for these services during the COVID-19 pandemic, TPH and partner organizations opened six new SCS sites across Toronto:

- Toronto Public Health's The Works, in partnership with SSHA opened Urgent Public Health Needs Sites (UPHNS) at three hotel shelter sites.
- Parkdale Queen West Community Health Centre opened one at the COVID-19 Isolation and Recovery hotel for people experiencing homelessness operated by SSHA.
- Two additional UPHNS have been approved at base shelter locations, with one operating at St. Felix Respite, and the second expected to be operational in summer 2022 at Seaton House. At these sites, shelter residents are allowed to consume drugs under trained supervision on site to reduce the risk of fatal overdose.

Supervised consumption services are important tools that fit within a harm reduction and substance use continuum of care.¹³ This report recommends that the provincial government expand funding for a comprehensive continuum of harm reduction and substance use care, which would include increased access to SCS, and additional services specifically designed for disproportionately impacted communities.

Through engagement with communities, TPH received feedback that aligning services with the specific needs of the community (e.g., for types of drugs and methods of use), as well as ensuring that services are culturally safe, may reduce barriers to accessing these supports. For example, harm reduction and treatment services designed specifically for African, Caribbean, and Black communities could include access to safe inhalation services, additional hours of operation and locations of services, and more peer workers within those spaces.

Additional supports specifically for Indigenous communities could include an Indigenous-only supervised consumption service, 24/7 culturally safe space such as a drop-in site or respite centre, and expanded access to outreach, mobile, and peer support services. TPH continues its commitment to partner with Indigenous-led organizations to ensure the design and development of services are Indigenous-led and reflect the needs of their communities.

Safer Supply Programs

Safer supply programs provide access to prescribed medications as a safer alternative to the unregulated drug supply and can help support those most at risk of an overdose. Health Canada provided time-limited funding through its Substance Use and Addiction Program (SUAP) for three safer supply programs in Toronto, which have demonstrated positive early results.

For example, the safer supply program at Parkdale Queen West Community Health Centre has served 138 unique clients since it started in 2020, and over 76 percent of clients have remained in the program after one year. To date, the programs have demonstrated high retention rates and impact on participants' lives has been significant, with many clients sharing that the program has changed their life.

Funding for these initiatives is set to expire in March 2023. Given the proven benefits of ensuring access to a safer supply, this report recommends that the provincial government:

- Provide long-term and sustainable program funding (beyond March 2023) for safer supply to ensure a seamless transition for clients on this medication.
- List injectable opioid agonist treatment (iOAT) medication such as high dose hydromorphone on the Ontario Drug Benefit Formulary.
- Explore other drug purchasing opportunities to reduce the cost of this safer alternative.

¹³ Recommendations for Building a Harm Reduction & Substance Use Continuum of Care. Available [here](#).

Toronto Community Crisis Service Pilots

The City of Toronto recently launched an innovative community-based approach to respond to mental health crisis calls and wellness checks, called the Toronto Community Crisis Service. All four pilots will operate with community partners in areas of Toronto where apprehensions under Ontario's Mental Health Act and 911 calls for people in crisis are the highest:

- TAIBU Community Health Centre (Northeast Pilot)
- Gerstein Crisis Centre (Downtown East Pilot)
- Canadian Mental Health Association Toronto & Partners (Northwest Pilot)
- 2-Spirited People of the 1st Nations (Downtown West Pilot)

The Toronto Community Crisis Service pilots are grounded in harm-reduction principles and are client centred, using a trauma-informed approach to all aspects of crisis response. The Toronto Community Crisis Service pilots are one of the key priority actions under SafeTO, Toronto's Ten Year Community Safety and Wellbeing Plan. More information on this initiative can be found [here](#).

Harm reduction training for Indigenous Peoples

In 2021-2022, Toronto Employment and Social Services (TESS) partnered with 2-Spirited People of the First Nations to design, develop, and deliver an Indigenous Harm Reduction Pilot to prepare Indigenous-identified Ontario Works clients for opportunities to work in harm reduction and peer navigator positions. Peer navigators generally act as advocates, mentors, educators, and informal counsellors for people who use drugs, given commonalities in life experience.

The pilot successfully completed two cohorts of training by the end of March 2022. Of the 15 graduates, three are employed with 2-Spirited People of the First Nations in Harm Reduction positions, five are completing placements with other community organizations, and four are starting community placements in June.

Funding for community-based overdose prevention through the Toronto Urban Health Fund

In 2021, TPH continued to fund projects that address substance-related harms through the Toronto Urban Health Fund (TUHF), which includes an Indigenous funding stream. The Indigenous funding stream was established in 2020. Nineteen harm reduction projects, including Indigenous-led projects, received funding totalling approximately \$1.5 million. The funded projects provide a range of harm reduction services and programs, 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.

Toronto Opioid Overdose Action Network (TO2AN)

The Toronto Opioid Overdose Action Network (TO2AN) is a partnership between Toronto Academic Health Science Network (TAHSN) hospitals, TPH, community health

centres, and community service providers to ensure seamless care is available for people who use drugs as they access different parts of the health care system.

The Network secured some funding in 2021 from the provincial government for a range of services, including rapid response harm reduction teams, rapid access addictions medicine (RAAM) clinic expansions, addiction consultation services for acute care, and additional coordination and integration supports. The Network is expected to develop a new set of proposals in the fall to help advance high-quality services for people who use drugs in Toronto for consideration by the provincial government.

Toronto Substance Use Crisis Centre Proposal

In 2021, the Downtown East Toronto Ontario Health Team and the Gerstein Crisis Centre convened a working group with partners across the health and social service sectors to establish a 24-hour purpose-designed Substance Use Crisis Centre in Toronto.

The Substance Use Crisis Centre – Toronto (SCC-T), if funded by the province, is expected to address a critical gap in current services available within Toronto. The Centre is being designed to support individuals who use substances and are experiencing a crisis related to substance use or mental health in order to provide more appropriate care than available through existing options, including hospital emergency departments, Toronto Paramedic Services, and the Toronto Police Service. The proposed model would include a respite and stabilization component, crisis supports, peer supports, and linkages to addiction medicine, treatment, harm reduction, mental health and primary care.

This report recommends that the provincial government work with the Downtown East Toronto Ontario Health Team, Gerstein Crisis Centre and other partners to fully fund a comprehensive Substance Use Crisis Centre in Toronto.

iPHARE and Shelter Overdose Response Services

The Integrated Prevention and Harm Reduction initiative (iPHARE) is a multi-pronged effort by the City and community agencies to address opioid-related deaths in Toronto's shelter system. The initiative was established in December 2020 by Shelter, Support and Housing Administration (SSHA), Toronto Public Health (TPH), community health and harm reduction partners, and people with lived experience of homelessness and substance use.

The iPHARE program has embedded harm reduction staff in 23 priority locations, including six shelters, four respites and 13 shelter hotels; established SafeSpot, formerly known as SHOPP (the Shelter Hotel Overdose Prevention Project), a peer-based witnessing and harm reduction support program, at three shelter hotels; provided enhanced mental health case management supports at 12 shelter hotels through the M-DOT Hotel program (a multi-disciplinary outreach team that delivers services to individuals on the street and in shelters); and launched MOVID, which is a mobile harm reduction support program for clients required to self-isolate in shelters experiencing a COVID-19 outbreak.

Urgent support to sustain and expand treatment services is required to support those seeking substance use treatment. The 2021 Street Needs Assessment, a point-in-time count and survey of people experiencing homelessness in the City of Toronto found that while 42 percent of respondents reported substance use and 33 percent of those not currently in treatment reported they were interested in accessing treatment, only 16 percent had accessed a treatment facility in the past year.

This report recommends that sustainable funding is provided by the provincial government for iPHARE, expanded harm reduction services in the shelter system, and for additional access to treatment services.

Harm Reduction Activities through Toronto Community Housing Corporation

Toronto Community Housing Corporation (TCHC) staff are working in collaboration with TPH and community partners to put supports in place to implement TCHC's Harm Reduction Policy.

For example, TCHC is developing a comprehensive training for tenant facing staff to ensure staff have a nuanced, holistic and systemic understanding of harm reduction that will be available by the end of 2022. As the Harm Reduction Policy requires, all TCHC positions with a first aid training requirement under Toronto Community Housing's First Aid Program were required to complete additional training components that provides guidance on the steps for responding to an overdose with and without naloxone. All Community Safety Unit frontline personnel have received training on naloxone administration and carry naloxone spray. Naloxone kits are also distributed by harm reduction agencies at specific sites across the TCHC portfolio.

Supportive Housing

Over the next ten years, as outlined in the HousingTO 2020-2030 Action Plan (HousingTO Plan), Toronto aims to approve 40,000 affordable rental homes including 18,000 supportive homes.

Between early 2020 and March 2022, Toronto and its partners have made progress advancing the HousingTO Plan. Over 10,000 people previously experiencing homelessness have moved into permanent housing (including private rental, supportive, and rent-geared-to income housing). The City has opened approximately 770 new supportive homes where people exiting homelessness can access supports, including harm reduction, relapse prevention and recovery-related programs, connections to primary health care, income assistance and eviction prevention programs.

Additional funding to ensure harm reduction services are integrated into these new supportive housing programs is required to ensure people are able to successfully maintain stable housing. Embedded harm reduction supports, such as managed alcohol programs and safe consumption are needed in supportive housing to ensure people can transition effectively from shelter.

Decriminalization: A Made-in-Toronto Model

As directed by the Board of Health in December 2021, Toronto Public Health submitted an initial exemption request to Health Canada on January 4, 2022 to decriminalize the possession of drugs for personal use in Toronto. If granted, this would mean the removal of criminal penalties for the possession of all drugs for personal use within Toronto. All other activities associated with drug trafficking, such as production and distribution would remain illegal and subject to the penalties under the *Controlled Drugs and Substances Act* (CDSA).

If approved by Health Canada, the exemption will apply city wide and to all drugs, eliminate fines or other penalties, support timely access to voluntary services, reflect community use and purchase patterns, and aim to improve interactions between people who use drugs and the police and justice system.

Toronto Public Health continues to engage people with lived experience of drug use and community partners to refine the proposed model through a series of working groups and a reference table. TPH is monitoring and engaging with other jurisdictions pursuing exemption requests with Health Canada, such as British Columbia.

On June 1, 2022, Health Canada and British Columbia announced an agreement on a model for decriminalization of drugs for personal use – the first of its kind in Canada. This model is for the whole province of British Columbia, with only a few exceptions. This new policy will come into effect in January 2023, and will provide an additional opportunity to learn more about the impacts of decriminalization in the Canadian context.

In follow-up to the Board of Health's direction to the Medical Officer of Health in December 2021, this report recommends that the Board of Health direct the Medical Officer of Health to continue ongoing dialogue with Health Canada on the conditions for a successful exemption approval under Section 56(1) of the *Controlled Drugs and Substances Act*. See Attachment 1: Toronto Public Health Actions to Seek Alternatives to Drug Criminalization for further details on this work.

Upcoming Initiatives: Updating Toronto's Drug Strategy

Toronto Public Health staff are updating the Toronto Drug Strategy, initially developed in 2005. Since 2005, TPH has made significant progress on the action items in the strategy, in the areas of prevention, harm reduction, treatment and enforcement.

The drug policy landscape has changed substantially since 2005, and the city would benefit from an updated framework that acknowledges the legalization of cannabis, current realities of the drug poisoning crisis, and other priority topics.

This report recommends conducting community consultations throughout 2022 to inform a refreshed drug strategy to be presented to the Board of Health in 2023.

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SIGNATURE

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ATTACHMENTS

Attachment 1: Toronto Public Health Actions to Seek Alternatives to Drug Criminalization