

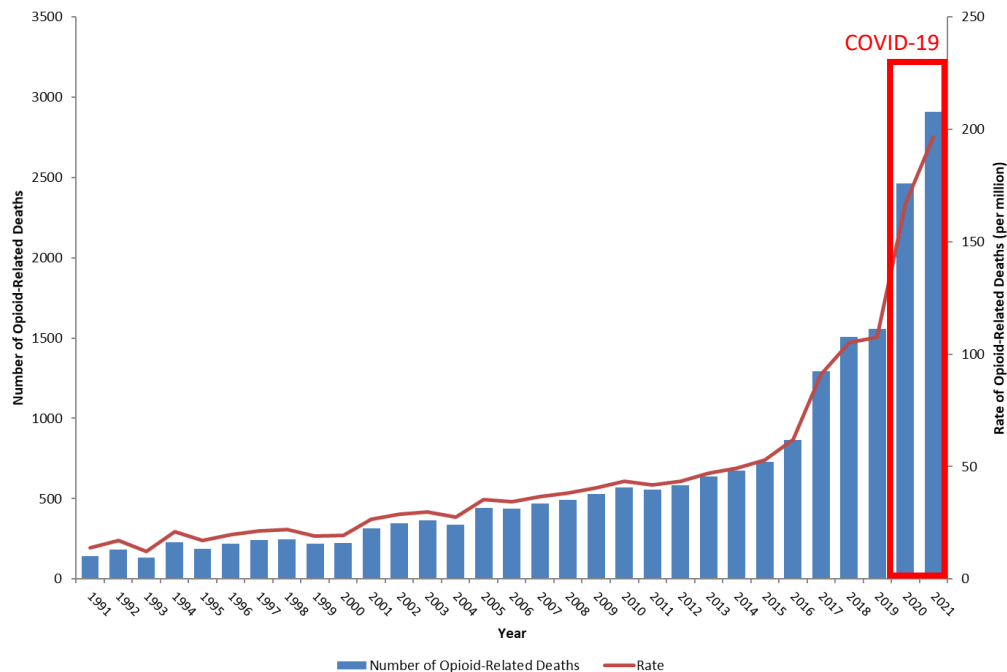
Factors and Circumstances Impacting the Opioid Toxicity Crisis in Toronto

April 17, 2023

Dr. Tara Gomes

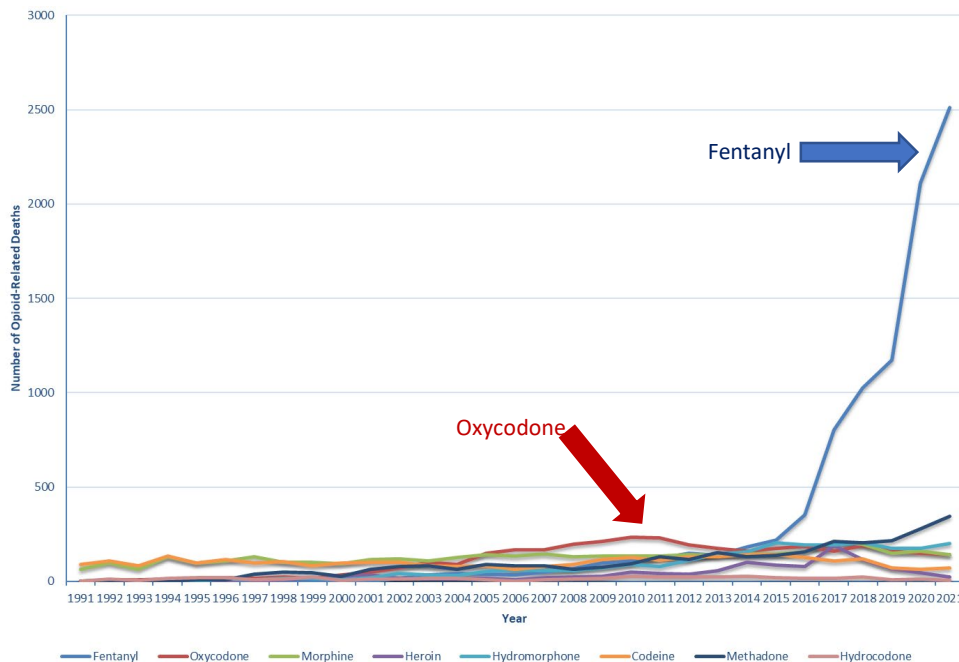
Program Director, ODPRN
Scientific Director, Urban and Community Health, UHT

Evolution of the Opioid Toxicity Crisis



There was a **79% increase** in monthly opioid-related deaths in 2020, from **139 deaths in February 2020** to **249 deaths in December 2020**.

Evolution of the Opioid Toxicity Crisis

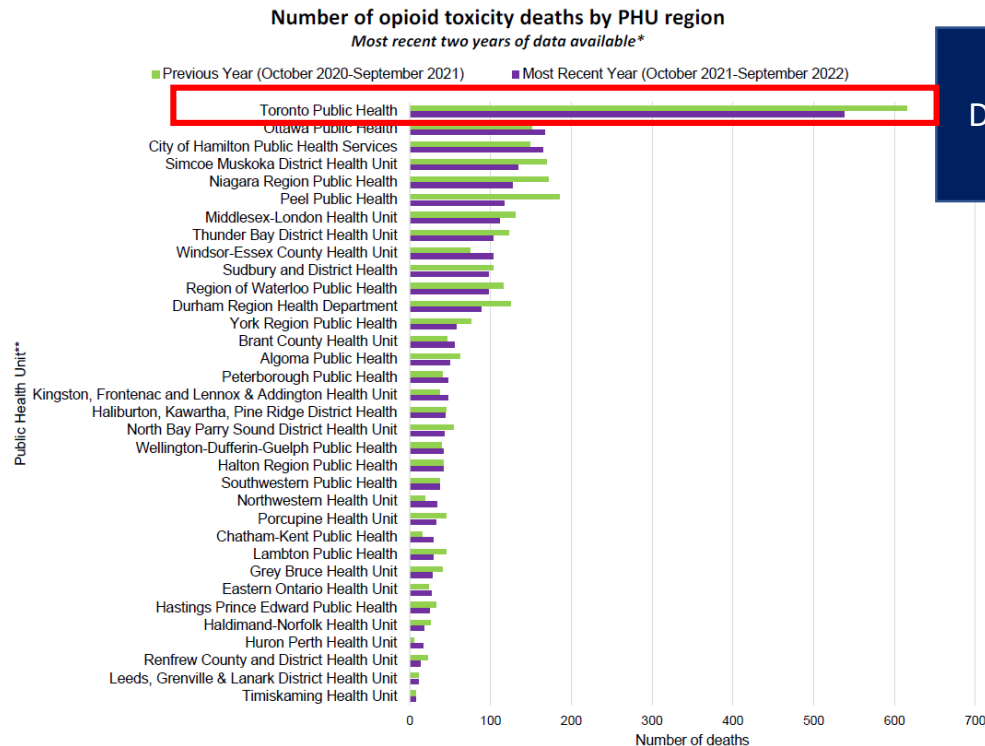


2020, Ontario

1 in 30 Deaths are
Opioid-Related

Among Age 30-39,
1 in 3 Deaths are
Opioid-Related

Opioid Toxicity Deaths in Toronto



**591
Deaths,
2021**

Source: Office of Chief Coroner (OCC) - Data effective Feb 23, 2023

*includes both confirmed and probable opioid-related deaths, preliminary and subject to change

**based on location of incident

Opioid Toxicity Deaths in Toronto

93%

Opioid-related deaths involved **fentanyl** (2021)

60%

Involved **stimulants** (cocaine, methamphetamines)

63%

Had **benzodiazepines** detected

41%

Of deaths occurred when substances were **inhaled**

3 of 4

No one present to **intervene**

In <65 Age Group: *more* opioid-related deaths in 2021 (N=574) than COVID-19 deaths in the entirety of the pandemic (N=341; age<60)

Impact among People Experiencing Homelessness

Deaths among People Experiencing Homelessness

Almost 1 in 6

opioid-related deaths during the pandemic occurred among people experiencing homelessness.

Opioid-related deaths among people experiencing homelessness increased by **139%** during the pandemic:



135 deaths
pre-pandemic



323 deaths
during the pandemic



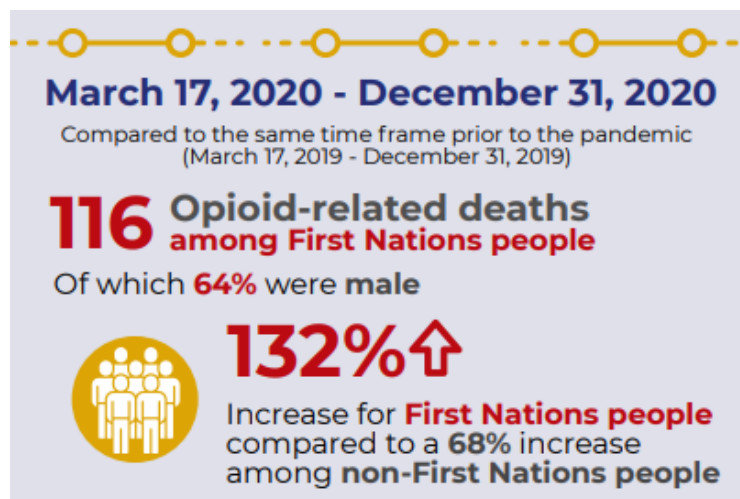
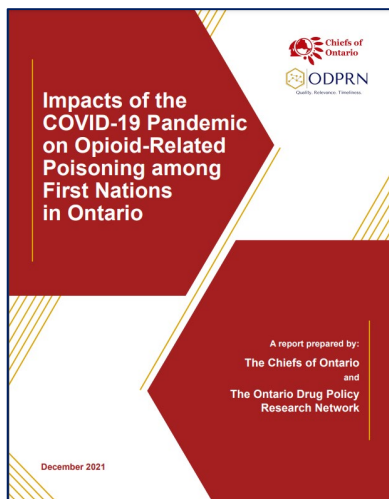
Nearly **1 in 10** of these deaths occurred within shelters or supportive housing.



1 in 7 of these deaths occurred within hotels providing emergency shelter services.

59% of deaths among people experiencing homelessness in Toronto were attributed to drug toxicity (2021)

Impact among First Nations People



The majority of First Nations people who died of an opioid-related cause resided in urban areas

Evidence to Inform Action

1. Significant **rise** during COVID-19 pandemic
2. Increased **benzodiazepine** and **stimulant** involvement
3. **Inhalation** now more common than injection
4. Deaths occur primarily when **people use substances alone**
5. Disproportionate impacts on people who are **vulnerably housed**, and **First Nations People**



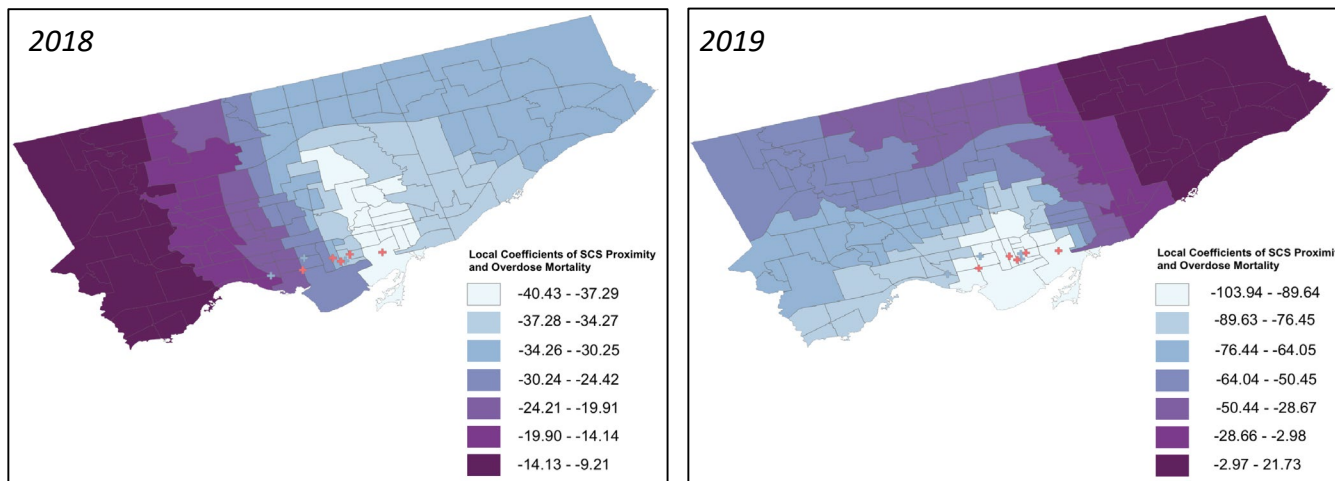
Supervised
Consumption
Services

Safer Supply
Programs

Low-Barrier
Access to
Treatment

Decriminalization

Supervised Consumption Sites and Fatal Overdoses in Toronto.



67% Reduction in Overdose Death Rates Within 1km of SCS after their implementation.

Source: Centre for Drug Policy Evaluation. Rammohan I, Gaines TL, Bayoumi AM, Murray R, Werb, D.



**Scaling up through partnerships and
collaborations**

The Moral Determinants of Health: Hospitals and A Multisectoral approach to Public Health Crises

Board of Health

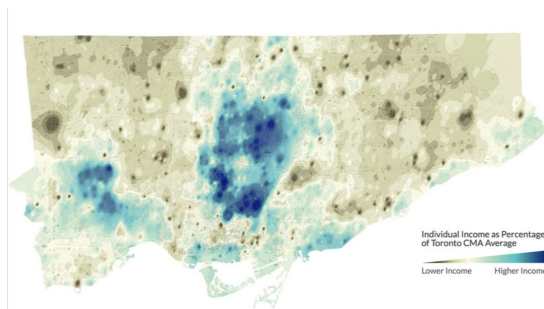
April 17, 2023

DR. ANDREW BOOZARY MD MPP SM CCFP

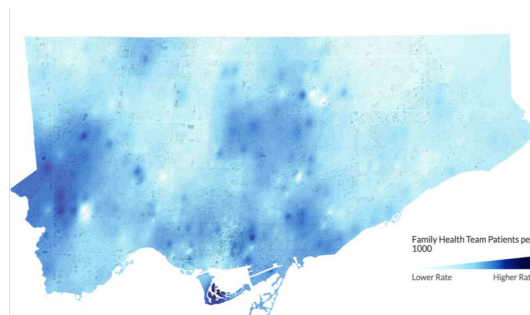
Executive Director, Population Health and Gattuso Centre for Social Medicine, UHN

Assistant Professor, Dalla Lana School of Public Health

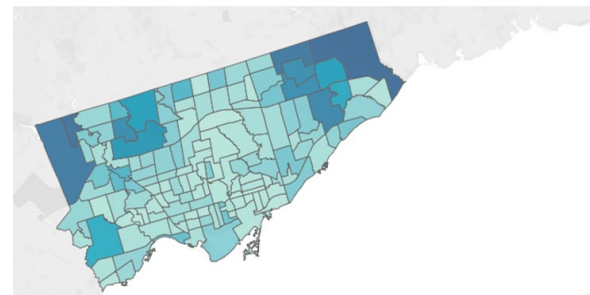
A tale of two cities with three maps



Income

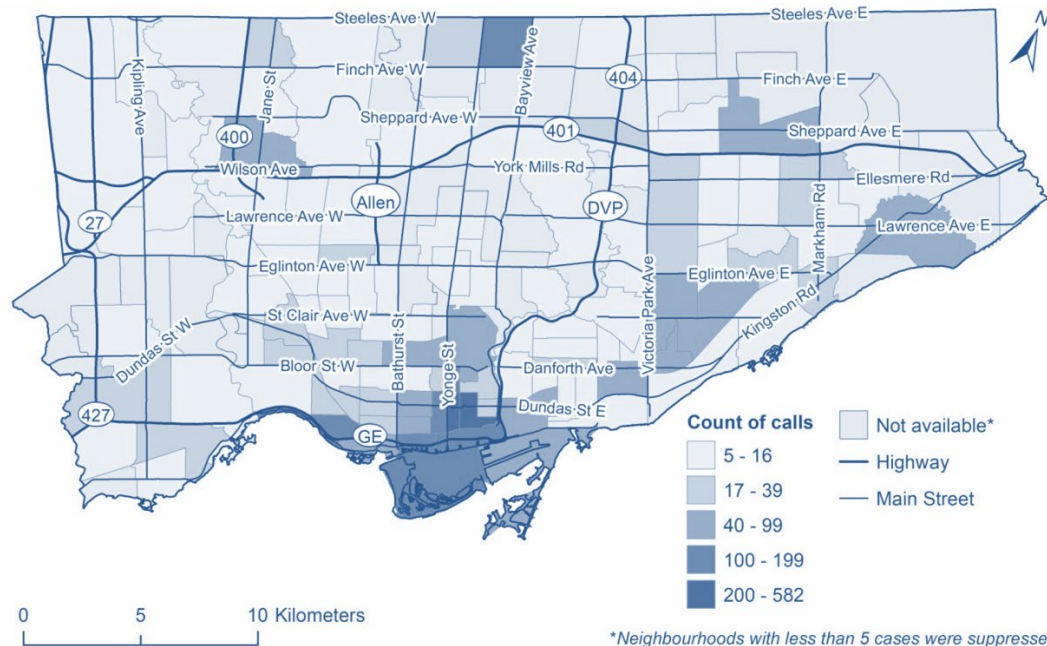


Primary Care



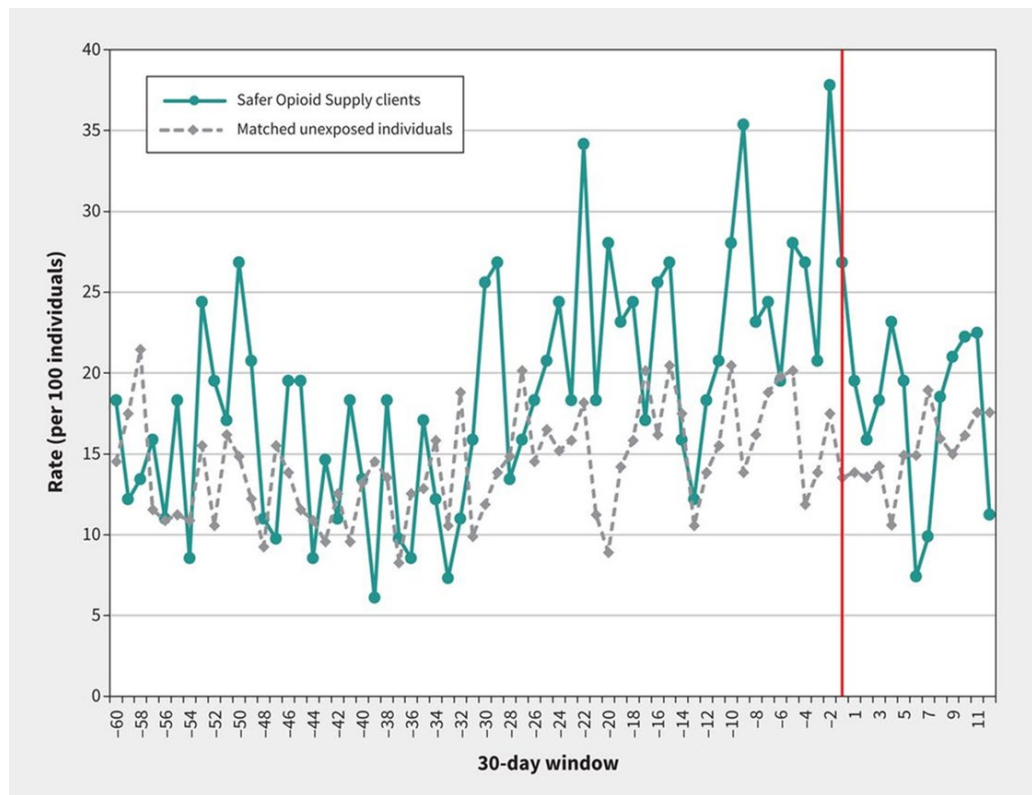
COVID-19

Suspected overdose calls by Toronto neighborhoods



Source: Toronto Paramedic Services. Electronic Patient Care Record. January 1, 2022 to December 31, 2022. February 8, 2023. Prepared by Toronto Public Health.

The evidence has been clear and even more stark



There has been much discussion about the importance of social determinants of health. Hospitals and integrated systems should now act at a scale never before attempted to improve those influences.

Developing a Mental Health and Addictions Strategy for Toronto

Presentation to the Board of Health

April 17, 2023

- 1 Current Context: Mental Health and Drug Toxicity Crisis
- 2 Progress to Date: Pathways for Addressing the Issues
- 3 Looking Ahead: Mental Health and Addictions Strategy for Toronto

- Mental health issues and illnesses have worsened during the pandemic, with some groups more affected, and there has been an increased need for services and interventions.
- The drug toxicity crisis continues to be significantly worse than before the COVID-19 pandemic.
- Stigma and discrimination have an impact on health, and prevent individuals from accessing services.

In Toronto:

- Mental health care needs are on the rise.
- Addictions and substance use care needs are on the rise.
- Addressing these complex and interconnected issues requires both a downstream service delivery response and an upstream population health response.

Interim Priorities 2022-2023

TORONTO PUBLIC HEALTH INTERIM PRIORITIES

2022
2023

Goals

1. To maintain and improve the health status of Toronto's population
2. To reduce inequities in health status
3. To prepare for and respond to outbreaks of disease and public health emergencies



Principles

1. Evidence-informed decision making
2. Equity
3. Public health is a public good



Organizational Priorities



Continue to respond to COVID-19 and support Toronto Public Health's readiness for other emerging health issues



Respond to the drug poisoning epidemic



Promote mental health



Rebuild public health functions



Foster a resilient workforce

Ensure effective public health practice to achieve health outcomes

Build on lessons learned

Progress to Date

**Clinical and
Harm
Reduction
Services at the
Works**

**Toronto Drug
Strategy
Refresh**

**Alternatives to
Drug
Criminalization**

**Mental Health
Promotion in
the COVID-19
Pandemic**

**iPHARE and
Shelter
Overdose
Response
Services**

The Works: Programs & Services

- Harm Reduction Supplies and Counselling
- Methadone Works (Opioid Substitution Clinic)
- Injectable Opioid Agonist Treatment Program (iOAT)
- Naloxone Kits & Overdose Response Training (POINT Program)
- Supervised Injection Services
- Nursing Services
- Drug Checking Service
- Mobile & Street Outreach
- Support for Community Agencies
- Drug Alerts & Advisories



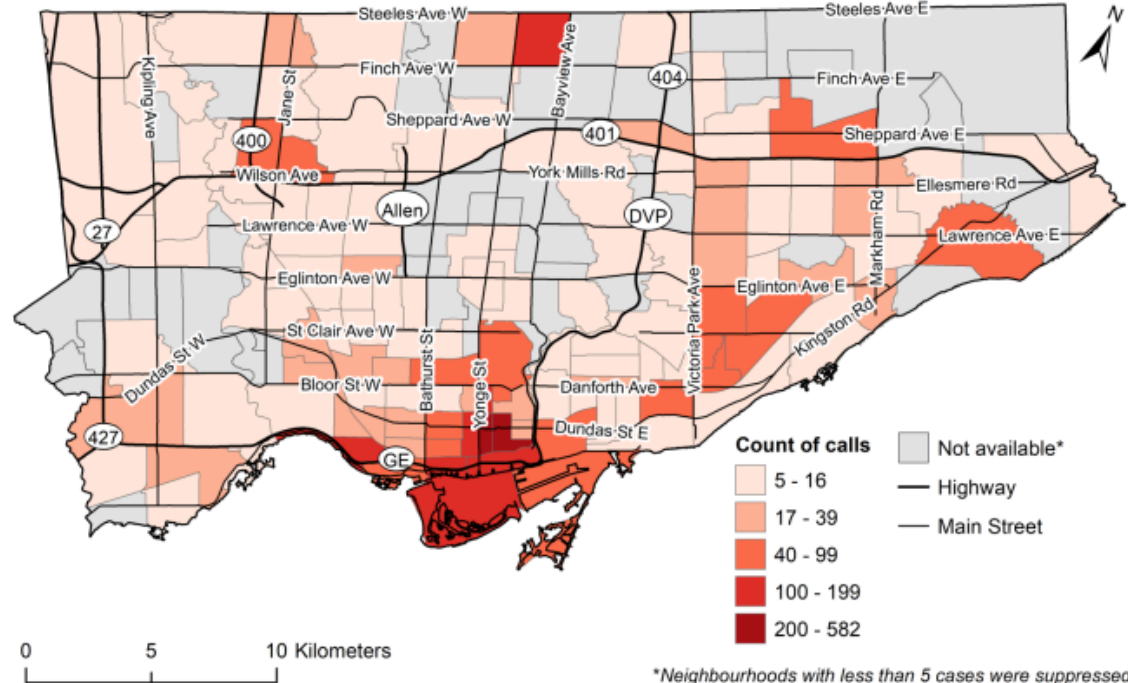
In 2022, The Works Program:

- Supported more than 21,000 visits for supervised injection, preventing communicable diseases, providing health and social support.
- More than 500 overdoses were also prevented.

Suspected opioid overdose calls to Paramedics Services 2022

Total number of non-fatal and fatal opioid overdose calls includes 3,684 non-fatal calls and 272 fatal calls

Map of suspected opioid overdose calls by neighbourhood, Toronto, January 1, 2022 to December 31, 2022.



Source: Toronto Paramedic Services. Electronic Patient Care Record. January 1, 2022 to December 31, 2022. February 8, 2023. Prepared by Toronto Public Health.

The Works Program is partnering with two large, acute care institutions to expand our services:

- **Unity Health Toronto**
As part of their St. Michael's Hospital site
- **University Health Network**
As part of their Toronto Western Hospital site
- With adequate funding, The Works Program can be scaled up to 24/7

The Path to Decriminalization in Toronto

2017

Toronto Overdose Action Plan recommends holding a community dialogue on what a public health approach to drug policy in Canada would look like.

2018

Community dialogue including roundtables, individual interviews and surveys on a public health approach to drugs.

2018
2022

The **Board of Health calls on the federal government to decriminalize personal possession**, alongside scale-up of prevention, harm reduction, and treatment services.

2021

Board of Health directs 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*, thereby **starting a process to decriminalize the personal possession** of illicit substances within the City of Toronto's boundaries.

2022

TPH **submits an initial exemption request** to Health Canada on January 4, 2022 and begins process of refining details of a Toronto Model of decriminalization.

2023

TPH **submits updated exemption request** to Health Canada on March 24, 2022 with additional details of a Toronto Model of decriminalization.

Decriminalization: What does it mean?

- Decriminalizing the possession of drugs for personal use is **not legalization**; these substances will not be available for legal purchase like alcohol and cannabis.
- Decriminalization means that non-criminal responses (like a referral card) are available for designated activities, such as the possession of drugs for personal use.
- There are many different models of decriminalization around the world, and each of them are very specific to their local contexts.
- Decriminalization will not prevent all of the harms associated with substance use, but it is meant to prevent the harms associated with the criminalization of the substance use.

- Board of Health has requested a comprehensive Mental Health & Addictions Strategy for Toronto, including a refreshed Toronto Drug Strategy (to be presented in Fall 2023).
- The Strategy will include the following key components:
 - Public health strategies for mental health promotion and substance use;
 - Goals, concrete actions and opportunities for coordinating initiatives at the City of Toronto; and
 - Performance metrics for monitoring progress on the strategies.
- Stakeholders are being consulted throughout the development of the Strategy, including people with lived and living experiences, service providers, City Divisions, and other experts.

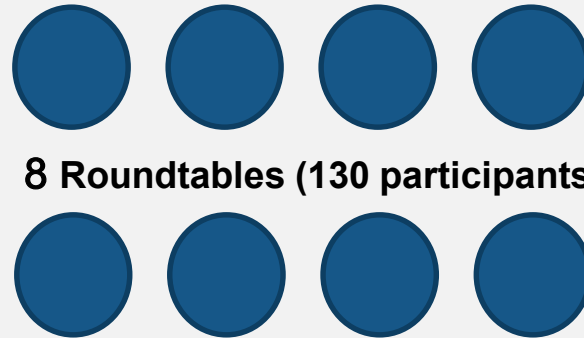
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**Interviews with
Stakeholders**



30

**Interviews & Roundtables with
People Who Use Drugs**



32

**Interviews with
City and TPH
Stakeholders**