

From: [Drug Strategy Network of Ontario](#)
To: [Board of Health](#)
Subject: [External Sender] Re: Board of Health Agenda Item HL19.2 (Responding to the Safer Streets, Stronger Communities Act)
Date: December 6, 2024 12:29:46 PM
Attachments: [pdfAG Request letter Nov Final.pdf](#)
[pdfToronto BoH, December 6, 2024.pdf](#)

There are two attachments with this email.

December 6, 2024

Re: Board of Health Agenda Item HL19.2 (Responding to the Safer Streets, Stronger Communities Act)

To: Chair Chris Moise, Members of the Toronto Board of Health

On behalf of the Drug Strategy Network of Ontario (DSNO), we encourage the Board to consider the full weight of Bill 223, Schedule 4 - the *Community Care and Recovery Act* - and its severe impacts within and beyond the City of Toronto.

Toronto Public Health was a foundational member of the Drug Strategy Network of Ontario when it was established in 2008. Unique in North America, with municipal and First Nations membership stretching throughout Ontario, members look to the Toronto Board of Health for leadership that is often not possible elsewhere in the province, but which benefits all Ontario residents.

The costs arising from the Act's prohibitions on municipalities are both human and financial, and certain to make life for all constituents much worse, not better. Both individual and community health and safety will be compromised. This is not an overstatement.

The Act's prohibitions defy recommendations from Ontario's Chief Medical Officer of Health, the Ontario Association of Chiefs of Police and so, so many more. On December 3, the Office of the Auditor General of Ontario confirmed earlier reports that the Province was warned by internal analysts and legal counsel of the high risk of deaths, negative impacts on first responders and ER department staff, the higher likelihood of children, youth, and adults of witnessing substance use and drug debris in public settings, and the exposure of the Province to a Charter challenge. Nonetheless, the province persisted by curtailing debate and eliminating the typical committee hearings to pass Bill 223.

On December 4, the DSNO submitted a 'value for money' audit to the Auditor General of Ontario, concerned that, in financial terms exclusively, the weight of evidence points to a net-loss for taxpayers, with additional expenditures expected at both municipal and provincial levels. That request is attached for your information.

The DSNO requests that the Board seek remedies through any and all available mechanisms, utilizing the full weight of the Board and Council, given the extreme and deadly harms certain to arise from the prohibitions contained within the *Community Care and Recovery Act*.

It is, of course, urgent. By any metric, Ontario remains stuck in the midst of a raging public health emergency of historical proportions. Removing evidence-based interventions via the *Community Care and Recovery Act* is a curious provincial response - and unquestionably unhelpful within and beyond the City of Toronto.

The Drug Strategy Network of Ontario appreciates your time and attention on this urgent matter very much. If we can be of any assistance, please do not hesitate to contact us.

Sincerely,

Michael Parkinson, Director,
Drug Strategy Network of Ontario

www.drugstrategy.ca
@DrugStrategies
ontariodrugstrategies@gmail.com

Confidentiality notice: This email correspondence (including any attachments) may contain information which is confidential and/or exempt from disclosure under applicable law, and is intended only for the use of the designated recipient(s) listed above. Any unauthorized use or disclosure is strictly prohibited. If you are not the intended recipient, or have otherwise received this message by mistake, please notify the sender by replying via email, and destroy all copies of this original correspondence (including any attachments). Thank you for your cooperation.



December 4th 2024

Office of the Auditor General of Ontario,

The Drug Strategy Network of Ontario (DSNO) is an extensive, multi-sectoral network representing more than 40 municipal and First Nations drug strategies with four intersecting areas of focus: prevention, treatment, harm reduction, and community safety. As a provincial network, we are requesting a value-for-money audit related to Consumption and Treatment Services (CTS) across the province.

On August 20th, 2024 the Provincial Government announced closures of 10 CTS sites across the province, effective March 31st 2025. Bill 223 Schedule 4 that contains the prohibitions on CTS sites passed 3rd reading on December 2, 2024 with limited debate and no Committee hearings. These health services provide low barrier, life-saving care during Ontario's ongoing drug poisoning tragedy. This includes supervised injection services, wound care, drug checking services, distribution of harm reduction supplies, onsite health care and education, and more than 502,745 referrals from Ontario's consumption sites to addiction treatment and other services.¹

Unregulated substances are increasingly toxic and unpredictable, and the harms adversely impact both individual and community health and safety. An Ontario resident dies from drug poisoning every 2.5 hours. CTS are an essential, evidence-based health care intervention that is effective at minimizing harms, including death, in communities across Ontario. A wide range of local and international evidence demonstrates CTS facilities reduce overdose-related risks, promote safer drug use practices, and support people's access to treatment and other health services.^{2 3}

In addition to health-focused evidence, research also indicates that these services reduce healthcare costs. A cost analysis conducted at Calgary's Safeworks Program found that 98% of overdoses were managed on-site. Over the program's duration, this resulted in total cost savings of over \$2.3 million by reducing the need for emergency department and ambulance services.⁴ Additionally, supervised consumption practices reduce the risk of HIV, Hep C transmission, significantly reducing overall costs on the healthcare system.^{5 6}

We note that Ontario's own reviews of supervised consumption services did not recommend shutting down any sites. Indeed, internal advice to the government from staff and counsel indicated:

“There is a high risk that reducing access to harm reduction and overdose support services will result in increased emergency department visits, health impacts, overdose and death⁷.”

¹ <https://health-infobase.canada.ca/supervised-consumption-sites/>

² Government of Canada Data blog: Canadian Supervised Consumption Site Statistics. Available from: <https://health-infobase.canada.ca/datalab/supervised-consumption-sites-blog.html>. and <https://health-infobase.canada.ca/supervised-consumption-sites/>

³ Harm Reduction International. (2020) Making the Investment Case: Cost Effectiveness of Harm Reduction. Available from: https://hri.global/wp-content/uploads/2020/04/COST_EFFECTIVENESS_BRIEFING-APRIL-2020-ENG.pdf

⁴ Khair, S., Eastwood, C.A., Lu, M. (2022) Supervised consumption site enables cost savings by avoiding emergency services: a cost analysis study. *Harm Reduction*. Available from: <https://doi.org/10.1186/s12954-022-00609-5>

⁵ Jozaghi E, Reid AA, Andresen MA. (2013) A cost-benefit/cost-effectiveness analysis of proposed supervised injection facilities in Montreal, Canada.

⁶ Bayoumi AM, Zaric GS. (2008) The cost-effectiveness of Vancouver's supervised injection facility.

⁷ D'Mello, C., Callan, I. (2024) Hospitalizations and death: Ontario's internal warnings over supervised consumption site ban. Retrieved December 2, 2024 from: <https://globalnews.ca/news/10868065/ontario-supervised-consumption-site-internal-warnings/>



On December 3, the Office of the Auditor General of Ontario's 2024 Annual Report⁸ noted:

"... we found that the proposed changes to harm-reduction services were decided upon without proper planning, comprehensive impact or risk analysis, or public consultations."

Citing internal documents about the risk of harms, the Auditor General wrote that the Ministry has not developed plans to mitigate the risks prior to making the decision, including "the financial and operational burden on emergency departments", recommending the Ministry perform impact, risk and financial analysis" before transitioning to the new HART hubs

Additionally, supervised consumption services are supported by a wide range of stakeholders, including but not limited to the Chief Medical Officer of Health of Ontario, the Ontario Association of Chiefs of Police, the Registered Nurses Association of Ontario, the Association of Family Health Teams, the Association of Municipalities of Ontario, the Canadian Mental Health Association, among many others.

The province of Ontario is in the midst of a public health emergency of historical proportions. The Drug Strategy Network of Ontario urges a fulsome audit, including the cost effectiveness of Ontario's CTS sites, given the expected rise in financial costs and the immediate danger to both individual and public health and safety once the CTS sites are closed.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Parkinson", with a horizontal line extending to the right.

Michael Parkinson, Director
Drug Strategy Network of Ontario
Ontariodrugstrategies@Gmail.Com

cc:

Hon. Sylvia Jones – Minister of Health
Hon. Michael Tibollo – Associate Minister of Mental Health and Addictions
Mike Schreiner – Green Party of Ontario
Marit Stiles – New Democratic Party of Ontario
Bonnie Crombie – Ontario Liberal Party
Dr. Kieran Moore – Chief Medical Officer of Health in Ontario

About the DSNO

Established in 2008, the Drug Strategy of Ontario (DSNO) is an extensive, multi-sectoral network of municipal and First Nations drug strategies grounded in a 4-pillar approach with efforts in prevention, treatment, harm reduction, and enforcement-justice systems. Members of the Network have experience and expertise in evidence-informed initiatives preventing and/or reducing the harms that can arise from consuming regulated and/or unregulated substances. Unique in North America, the DSNO stretches across the urban, rural, and remote regions of Ontario.

www.drugstrategy.ca

⁸ Office of the Auditor General of Ontario. Annual Report 2024: Performance Audit - Implementation and Oversight of Ontario's Opioid Strategy. Retrieved December 3, 2024 from: <https://globalnews.ca/news/10868065/ontario-supervised-consumption-site-internal-warnings/>

December 6, 2024



Re: Item HL19.2 (Responding to the Safer Streets, Stronger Communities Act)

To: Chair Chris Moise, Members of the Toronto Board of Health

On behalf of the Drug Strategy Network of Ontario (DSNO), we encourage the Board to consider the full weight of Bill 223, Schedule 4 - the *Community Care and Recovery Act* - and its severe impacts within and beyond the City of Toronto.

Toronto Public Health was a foundational member of the Drug Strategy Network of Ontario when it was established in 2008. Unique in North America, with municipal and First Nations membership stretching throughout Ontario, members look to the Toronto Board of Health for leadership that is often not possible elsewhere in the province, but which benefits all Ontario residents.

The costs arising from the Act's prohibitions on municipalities are both human and financial, and certain to make life for all constituents much worse, not better. Both individual and community health and safety will be compromised in the extreme. This is not an overstatement.

The Act's prohibitions defy recommendations from Ontario's Chief Medical Officer of Health, the Ontario Association of Chiefs of Police and so, so many more. On December 3, the Office of the Auditor General of Ontario confirmed earlier reports that the Province was warned by internal analysts and legal counsel of the high risk of deaths, negative impacts on first responders and ER department staff, the higher likelihood of children, youth, and adults of witnessing substance use and drug debris in public settings, and the exposure of the Province to a Charter challenge. Nonetheless, the province persisted by curtailing debate and eliminating the typical committee hearings to pass Bill 223.

On December 4, the DSNO submitted a 'value for money' audit to the Auditor General of Ontario, concerned that, in financial terms exclusively, the weight of evidence points to a net-loss for taxpayers, with additional expenditures expected at both municipal and provincial levels. That request is attached for your information.

The DSNO requests that the Board seek remedies through any and all available mechanisms, utilizing the full weight of the Board and Council, given the extreme and deadly harms certain to arise from the prohibitions contained within the *Community Care and Recovery Act*.

It is, of course, urgent. By any metric, Ontario remains stuck in the midst of a raging public health emergency of historical proportions. Removing evidence-based interventions via the *Community Care and Recovery Act* is a curious provincial response - and unquestionably unhelpful within and beyond the City of Toronto.

The Drug Strategy Network of Ontario appreciates your time and attention on this urgent matter very much. If we can be of any assistance, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Parkinson", with a long horizontal flourish extending to the right.

Michael Parkinson, Director. Drug Strategy Network of Ontario
Ontariodrugstrategies@Gmail.Com

About the DSNO

Established in 2008, the Drug Strategy of Ontario (DSNO) is an extensive, multi-sectoral network of municipal and First Nations drug strategies grounded in a 4-pillar approach with efforts in prevention, treatment, harm reduction, and enforcement-justice systems. Members of the Network have experience and expertise in evidence-informed initiatives preventing and/or reducing the harms that can arise from consuming regulated and/or unregulated substances. Unique in North America, the DSNO stretches across the urban, rural, and remote regions of Ontario.

www.drugstrategy.ca