

iPHARE: Harm Reduction and overdose prevention services at Toronto Shelters

A community conversation August 9, 2021



Land Acknowledgement



We acknowledge the land we are on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples.

We also acknowledge that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit and the Williams Treaty signed with multiple Mississaugas and Chippewa bands.

Constructive conversation



The purpose of tonight's session is to engage the community in a constructive conversation about the difficult issues around opioid overdoses, drug use and the impact on our community and the people who live, work and learn here.

Please keep your comments concise, constructive and considerate of other views. Please do not use hurtful or hateful language that would further victimize people; please be respectful to the presenters and to each other.

How to ask questions



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Meeting recording



Please be advised that this meeting is being recorded and your opinions, statements and voice will become part of a public record.

Participants are asked not to share any personal information about themselves and other people, such as name, address and contact information within the meeting. If you wish to discuss a private matter, please contact us at iphare@toronto.ca

Tonight's Speakers



Sudha Sabanadesan

Policy Development Officer, Toronto Drug Strategy Secretariat, Toronto Public Health

Gord Tanner

Director, Homelessness Initiatives and Prevention, Shelter Support and Housing Administration, City of Toronto

Shaun Hopkins

Manager, Needle Exchange, Toronto Public Health

Bruce Davis

Facilitator, Public Progress

Drug Poisoning Crisis Acknowledgement



We want to take a moment to acknowledge the tragic and substantial losses that people continue to face due to the ongoing drug poisoning crisis. These losses and the grief experienced are immeasurable.

We acknowledge that this crisis is rooted in systemic discrimination. People who use drugs often experience stigma and multiple, intersecting forms inequity including racism, ableism and sexism. We commit to collective action to address the drug poisoning crisis.

Many of us are mourning- individually and collectively. In this meeting, as we talk about the data related to the crisis, we do so with respect and a heavy appreciation for what they mean, and how they refer to our loved ones, friends, families and colleagues. We will begin our meeting by taking a moment of silence to remember all the people we have lost to the opioid crisis and poisoned drug supply, as well as those who are impacted by COVID-19.

The drug poisoning crisis



- The *Controlled Drugs & Substances Act* provides the current legal framework for drugs in Canada, and is based largely on a criminal justice approach.
- Our current approach to drugs has not reduced the supply of drugs. The unregulated drug supply continues to grow.
- The unregulated drug supply has produced stronger, more harmful drugs. The unknown content of drugs is causing overdoses and other harms, as seen in the current opioid crisis.

The drug poisoning crisis



- Research has shown there are significant health, social and economic harms from drug laws for people who consume certain drugs.
- Stigma or the negative attitudes about people who use drugs creates barriers and prevents people from accessing health and social services, including life-saving overdose prevention and response services.
- Although people from all demographic and socioeconomic groups are affected by drug use, current drug policies disproportionately impact people experiencing homelessness, Black and Indigenous people, people with mental illness, people recently incarcerated and other vulnerable groups, worsening the health and social inequalities among communities.
- When contrasted with current criminal approaches to drug use, public health approaches more effectively address substance use, its causes and its effects.

Toronto Drug Strategy



Toronto Drug Strategy

A comprehensive municipal strategy for alcohol and other drugs based on the integrated components of prevention, harm reduction, treatment, and enforcement.

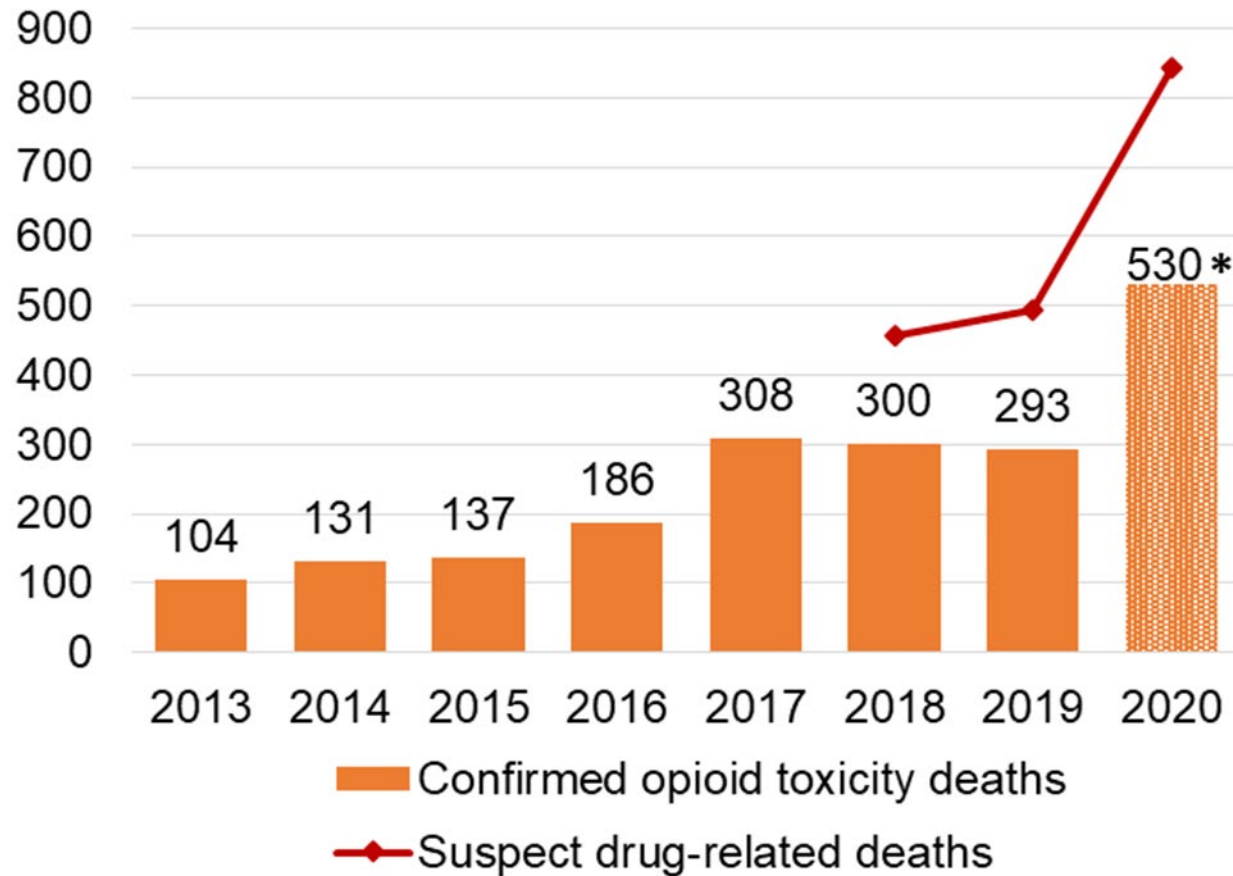
Toronto Overdose Action Plan

Toronto Public Health worked with community partners to develop the *Toronto Overdose Action Plan: Prevention & Response*, which was endorsed by the Board of Health on March 20, 2017 and updated in 2019 and now focussing on emerging issues. It includes a comprehensive set of actions for all orders of government to prevent and respond to drug overdoses.

Drug Poisoning Crisis in Toronto



Suspect drug-related and confirmed opioid toxicity deaths in Toronto



*Preliminary data. Numbers are expected to change as coroners complete investigations.
Sources: Public Health Ontario and Office of the Chief Coroner for Ontario

Risk factors for overdose



We are experiencing dual public health crises: the ongoing opioid poisoning crisis and the COVID-19 pandemic. This is having negative impacts on people who use drugs:

Risk factors include:

- Increasingly toxic, unregulated drug supply
- Consuming drugs alone
- Reduction in access to harm reduction services and social supports (reduced service hours/capacity)
- Reduced tolerance (e.g. leaving a correctional facility or treatment, illness)
- Homelessness
- Lack of safer supply options for all those seeking access



- Toronto has the largest shelter system in Canada with more than 6,000 people using services nightly.
- As part of the City's response to COVID-19 the City has:
 - opened more than 25 temporary response sites to provide additional space for physical distancing and for people to move indoors from encampments, providing up to 3,000 spaces in temporary shelters and hotel programs
 - developed a three-tier approach to strengthening prevention against COVID-19 in the emergency shelter system:

**Prevention;
Mitigation; and,
Recovery.**

The effects on homelessness services



- The highest number of overdose deaths in homelessness services settings took place between October and December, 2020, with 19 fatal overdoses.
- Non-fatal overdoses have been increasing steadily within shelter settings, going from an average of 26 per month in 2018, to an average of 67 per month in 2020.
- Non-fatal overdoses are often the result of the quick action and response of shelter staff, harm reduction workers or other shelter residents intervening to save lives by administering naloxone and calling for emergency services.

The effects on homelessness services



- Fatal overdoses have similarly increased, from an average of about one per month in 2018 to four per month in 2020.
- Overdose deaths affect families and friends (perpetuating trauma) and they also affect the health of first responders, harm reduction workers, shelter workers and other shelter residents.

Work launched at shelters



- On November 16, 2020, Medical Officer of Health instructed to work with City's shelter division (SSHA) to increase harm reduction efforts.
- Integrated Prevention and Harm Reduction (iPHARE): TPH and other community programs are working with shelter operators to introduce a range of prevention and harm reduction measures, including:
 - the Guidance Document for Harm Reduction in Shelter and Hotel Sites: A 10-point plan, developed by Toronto Public Health
 - an updated harm reduction directive with new requirements for shelter providers, as part of the City's Shelter Standards
 - a range of overdose prevention tools, training and resources to support shelter staff in the implementation of the guidance document and directive
- In June 2021, through the work of the Toronto Shelter-Hotel Overdose Action Task Force a 10-point Harm-Reduction plan, an updated directive, overdose data, and supports for shelters were made available to all shelter providers. <https://www.toronto.ca/community-people/community-partners/emergency-shelter-operators/references-and-resources/?accordion=harm-reduction>

Urgent Public Health Needs Sites



- Also known as Consumption Treatment Services or “***supervised injection sites***”
Designed to protect public health and public safety.
- Requires Health Canada approval under Section 56(1) of the federal *Controlled Drugs and Substances Act*; no public consultation is required. This initiative was created by Health Canada to respond to urgent need to respond to overdoses during COVID 19.
- UPHNS located at selected shelters **are for shelter residents only**. Not all shelters will get a UPHNS. Currently located at four shelter locations:
 - the City’s COVID-19 recovery and isolation site for people experiencing homelessness, Dundas Street East, 185 Yorkland Boulevard, and 45 the Esplanade
- Shelter residents consume illicit drugs on-site under the supervision of trained staff.
- In addition to reducing overdoses and overdose deaths, these services reduce public drug use and discarding of drug paraphernalia; increased support for people who use drugs, increased access to counselling, support and referrals, reduction in adverse effects on first responders and harm reduction workers and shelter workers.

Harm Reduction in practice



There are a number of services and supports for people available in Toronto shelters, they include:

- Harm reduction supply distribution, harm reduction training and support
- Overdose prevention, recognition and response training
- Peer or staff witnessing
- Shelter Hotel Specific Wellness checks
- Virtual services, on-call consumption support in person or by phone
- Naloxone distribution
- Peer harm reduction advisory committees
- Urgent Public Health Needs Sites (aka consumption treatment services)
- Managed opioid supply
- Working with people who have lived experience to support / deliver on-site services

Understanding Harm Reduction



- Focuses on drug-related harms, not drug use itself
- Pragmatic; does not require people to cut down or stop using substances
- Looks at drug use from a systemic lens
- Benefits people who use drugs, families, and communities impacted by the War on Drugs
- Human rights-based
- Centers meaningful involvement and engagement of people who use drugs



The benefits of SHOPP



Shelter Hotel Overdose Prevention Project (SHOPP)

SHOPP Workers have expertise through lived expertise in drug use, harm reduction, and overdose response through lived experience

Trains, supports, and pays people for the work they have been doing for years in the community

SHOPP Workers are shelter residents who have a connection within the community

SHOPP Workers receive training harm reduction, overdose response, conflict resolution, and more

People at risk of overdose can use their drugs in front of, and with the support of, a SHOPP Worker who is trained in overdose prevention and response measures like administering Naloxone, oxygen, CPR, and who can call emergency services if needed



What can **WE** do about the opioid crisis?



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Submit questions in writing



Participants can:

- Type questions into the Q & A box on the lower right of the screen (computer only)
- Submit a form from the City's website [Toronto.ca/iphare](https://toronto.ca/iphare)
- Email questions to iphare@toronto.ca



For more information about getting involved please visit and contact details online:

Housing and Homelessness Reports

<https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/?accordion=street-needs-assessments>

Board of Health report Opioid Poisoning Crisis

<https://www.toronto.ca/legdocs/mmis/2020/hl/bgrd/backgroundfile-158017.pdf> and
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL29.2>

Board of Health Recommendations

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL23.2>

Harm Reduction Toolkit at Shelters

<https://www.toronto.ca/community-people/community-partners/emergency-shelter-operators/references-and-resources/?accordion=harm-reduction>

Data on fatal and non-fatal overdoses in the shelter system

<https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/overdoses-in-homelessness-services-settings/>

Further Reading



https://www.researchgate.net/publication/325991184_Characterizing_peer_roles_in_an_overdose_crisis_Preferences_for_peer_workers_in_overdose_response_programs_in_emergency_shelters

-Geoff Bardwell

<https://torontoharmreductionalliance.ca/>

<https://www.streethealth.ca/external-resources/harm-reduction-resources>

<https://www.hri.global/what-is-harm-reduction>

<http://harmreduction.org/about-us/principles-of-harm-reduction/>

<http://drugpolicy.ca/issues/harm-reduction/>

Canadian HIV/AIDS Legal Network. (2006). “Nothing About Us Without Us” Greater, meaningful involvement of people who use illegal drugs: a public health, ethical, and human rights imperative.

<http://www.aidslaw.ca/site/wp-content/uploads/2013/04/Greater+Involvement+-+Bklt+-+Drug+Policy+-+ENG.pdf>

Poster manifesto

https://www.opensocietyfoundations.org/sites/default/files/Intl%20Manifesto%20Nothing%20About%20Us%20%2528May%202008%2529_0.pdf

Native Youth Sexual Health Network *Indigenizing Harm Reduction*

<http://www.nativeyouthsexualhealth.com/indigenizingharmreduction.html>