



REPORT FOR ACTION

Toronto Overdose Action Plan: Status Report 2020

Date: May 29, 2020

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

The ongoing opioid poisoning crisis in Toronto and across Canada has intensified and been further compounded by the COVID-19 global pandemic. These dual public health crises are having significant impacts on people who use drugs in our community as well as their families, friends and loved ones. Services that people rely on, many of them lifesaving, have closed or significantly reduced their service hours and/or capacity. During the first four months of 2020, paramedics responded to 1,307 suspected opioid overdose calls, including 71 calls involving deaths. In April 2020, paramedics responded to the highest number of suspected opioid overdose deaths (25) since September 2017.

This staff report highlights actions taken to implement the Toronto Overdose Action Plan since the last status report in June 2019 and includes issues related to the COVID-19 pandemic. The report also recommends additional urgent actions that are needed to address the opioid poisoning crisis, especially in the context of the pandemic and the increasingly toxic unregulated drug supply. The need for a fundamental change toward a public health approach remains critical to improving the health outcomes of people who use drugs.

Toronto Public Health remains committed to working with our community and institutional partners to improve our collective overdose prevention and response efforts, and to improving the health and well-being of people who use drugs, which is even more of an imperative during this time of dual public health crises.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health urge the federal Minister of Health to:
 - a. grant an exemption under the Controlled Drugs and Substances Act to permit the

possession of all drugs for personal use for all Canadians, at least for the duration of the COVID-19 pandemic, and to immediately scale up prevention, harm reduction, and treatment services;

b. approve funding for Toronto Public Health's proposed injectable opioid agonist therapy (iOAT) at The Works to support the addition of this treatment option to the spectrum of safer supply initiatives available in Toronto; and

c. support evidence-based knowledge exchange and capacity-building responses that reduce the harms of benzodiazepines and opioids.

2. The Board of Health reiterate its request urging the federal Minister of Health to increase funding for a spectrum of safer supply initiatives, including enhanced and flexible injectable and oral hydromorphone programs.

3. The Board of Health urge the provincial Minister of Health to:

a. convene a multi-sectoral opioid overdose task force comprised of public health officials, community-based service providers, people with lived and living experience of drug use, and family members;

b. expand the criteria for naloxone distribution to allow any organization that has clients who use drugs to distribute naloxone;

c. provide funding to pilot and evaluate virtual and/or phone-based supervised consumption services to complement the current in-person service options;

d. remove the current cap of 21 Consumption and Treatment Services permitted for Ontario and utilize the federal class exemption granted to provinces during the COVID-19 pandemic to increase the availability of these lifesaving services in a variety of settings;

e. provide funding to treatment and harm reduction services to enable them to adapt their services to adhere to COVID-19 public health requirements;

f. support the increased use of virtual care for substance use treatment services for the duration of the COVID-19 pandemic;

g. dedicate funding for grief and trauma supports specifically for overdoses; and

h. consult with harm reduction services, health care providers, first responders, treatment providers, police, and people with lived and living experience of drug use to develop responses to benzodiazepine and opioid-related issues.

4. The Board of Health reiterate its request urging the provincial Minister of Health to support the implementation of managed opioid/safer supply programs, including by adding the required formulation of hydromorphone (i.e., 50 milligrams/milliliters and 100 milligrams/milliliters hydromorphone) to the Ontario Drug Benefit Formulary to enable injectable hydromorphone programs to operate.

5. The Board of Health urge the Office of the Chief Coroner for Ontario to report on the role of COVID-19 as a possible contributing factor in opioid toxicity deaths.
6. The Board of Health urge the Toronto Central Local Health Integration Network to increase funding for comprehensive crisis services for people who use drugs in Toronto.

FINANCIAL IMPACT

There is no financial impact associated with this report.

DECISION HISTORY

On May 7, 2020, the Board of Health adopted recommendations calling on the federal and provincial governments to support the implementation of safer supply programs.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL16.2>

On June 18 and 19, 2019, City Council adopted the *Toronto Overdose Action Plan: Status Report 2019* without amendments. On June 10, 2019, the Board of Health adopted the *Toronto Overdose Action Plan: Status Report 2019* without amendment.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL7.1>

On February 25, 2019, the Board of Health adopted the *Toronto Indigenous Overdose Strategy*, with amendments to support the implementation of the strategy.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL3.1>

On February 25, 2019, the Board of Health adopted recommendations to support implementation of opioid substitution treatment with managed opioid programs.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.HL3.2>

On July 16, 2018, the Board of Health adopted recommendations calling on the federal government to decriminalize the possession of all drugs for personal use and to scale up prevention, harm reduction, and treatment services, and to strike a multi-sectoral task force to explore options to legally regulate all drugs.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL28.2>

COMMENTS

The ongoing opioid poisoning crisis in Toronto and across Canada has been intensified by the COVID-19 pandemic. These dual public health crises are having significant impacts on people who use drugs in our community. This staff report highlights actions taken to implement the Toronto Overdose Action Plan (TOAP) since the last status report in June 2019, including information related to COVID-19, and makes recommendations for action.

Opioid overdoses in Toronto and Ontario

Preliminary data from the Office of the Chief Coroner for Ontario shows that there were 1,535 probable and confirmed opioid overdose deaths in Ontario in 2019, of which 295 were in Toronto.¹ This number may increase as coroners complete investigations. There were 300 opioid overdose deaths in Toronto in 2018, which is 61 percent higher than in 2016, and 119 percent higher than in 2015.

The majority (94 percent) of deaths due to opioid poisoning between October 1, 2018 and September 30, 2019 in Toronto were accidental. Similarly, the majority (92 percent) of opioid overdose deaths in the rest of Ontario were accidental.² Data from this period indicate that 69 percent of fatal overdoses in Toronto occurred in a private residence, and 21 percent of people who died of an opioid overdose were homeless, compared to 10 percent in the rest of Ontario.³ Also, between October 1, 2018 and September 30, 2019, fentanyl and fentanyl analogues contributed to 89 percent of accidental overdose deaths in Toronto.⁴ Carfentanil, a fentanyl analogue, contributed to 35 percent of opioid overdose deaths, a considerable increase from the previous year (October 1, 2017 to September 30, 2018) when carfentanil contributed to 10 percent of opioid overdose deaths. Toxicology data suggest a significant increase in the presence of carfentanil in Ontario in April and May 2019.⁵

There were 1,412 emergency department visits and 178 hospitalizations in Toronto due to opioid overdoses in the first six months of 2019.⁶ By comparison, there were 886 emergency visits and 150 hospitalizations in the same period in 2018. The increase in emergency department visits and hospitalizations in 2019 corresponds to the period for which toxicology data showed an increase in carfentanil.

In 2019, Toronto Paramedic Services responded to 3,834 suspected opioid overdose calls, including 141 calls involving deaths. In 2018, there were 3,265 calls to paramedics, including 146 deaths.⁷ In the first four months of 2020, paramedics responded to 1,307 suspected opioid overdose calls, including 71 calls involving deaths.⁸ In April 2020, paramedics responded to the highest number of suspected opioid overdose deaths (25 deaths) since September 2017. These data are of serious concern, and Toronto Public Health will continue to monitor and report out on new information.

There are also concerns about the impact of COVID-19 on people who use opioids (intentionally or unintentionally) as both can impact the respiratory system. It is therefore recommended that the Board of Health (BOH) urge the Office of the Chief Coroner for Ontario to report on the role of COVID-19 as a possible contributing factor in opioid-toxicity deaths.

Coordination

The Medical Officer of Health (MOH) is the municipal lead for the City's response to the opioid poisoning crisis. The Toronto Drug Strategy Secretariat (TDSS) in Toronto Public Health (TPH) leads implementation of the Toronto Overdose Action Plan (TOAP), and emerging drug policy issues. Toronto Public Health also has an internal Overdose Prevention Committee to support coordination efforts. The multi-sectoral Toronto Drug Strategy Implementation Panel (the Panel) provides strategic advice and oversight for implementation of TOAP. Over the past year, the Panel has advocated for actions to

address the overdose crisis, including making recommendations to the BOH, which will be discussed throughout this report.

There continues to be a lack of provincial leadership and coordination on the opioid poisoning crisis in Ontario. Under the previous government, the Province had a multi-sectoral task force to provide provincial level advice and guidance on the opioid crisis, of which the MOH was a member. Given the complexity presented by the dual crises of opioid overdoses and COVID-19, it is recommended that the BOH urge the provincial Minister of Health to convene a multi-sectoral opioid overdose task force, which includes public health officials, community-based service providers, people with lived and living experience of drug use, and family members.

Decriminalization

To achieve any substantive change on issues related to drug use we need a fundamental change in our drug laws. In July 2018, the BOH called on the federal government to decriminalize the possession of all drugs for personal use and scale up prevention, harm reduction, and treatment services. And further, to strike a task force to explore options to legally regulate all drugs. This decision reflects growing global momentum to adopt a public health approach to drugs rather than the current criminal justice approach. The federal government has indicated that they will not proceed with decriminalization or legal regulation at this time.

At its May 2020 meeting, the Panel passed a motion in support of recommendations from the Canadian HIV/AIDS Legal Network, in an open letter to the Government of Canada, calling on them to exercise their authority under the Canadian Drugs and Substances Act (CDSA) to grant an exemption (in the public interest) to all Canadians allowing for the personal possession of all drugs during the COVID-19 pandemic. (Please note that the judiciary and police representatives on the Panel abstained from the vote on this recommendation due to the nature of their role in the criminal justice system). This action does not achieve the long-term legislative change that is needed, but it will alleviate some of the health and social harms that people who use drugs are facing now. In addition to criminalization forcing people into unsafe drug use behaviours for fear of arrest, jails and prisons are high-risk environments for the spread of infectious diseases.

It is therefore recommended that the BOH urge the federal Minister of Health to grant an exemption under the Controlled Drugs and Substances Act to permit the possession of all drugs for personal use for all Canadians, at least for the duration of the COVID-19 pandemic, and to immediately scale up prevention, harm reduction and treatment services.

Communications and information sharing

Toronto Public Health provides timely data on overdoses through the Toronto Overdose Information System (TOIS). Staff at TPH facilitate and participate in various groups to share information related to substance use and overdose. The Works facilitates the city-wide Needle Exchange Coordinating Committee, and regular meetings of all the supervised consumption services and overdose prevention sites in Toronto. Staff in the TDSS host a monthly Community Forum on Overdose and other Drug-Related Issues with service providers from diverse sectors across the city to share information, identify

issues, and develop collective strategies to respond to the opioid poisoning crisis. Since the COVID-19 emergency, these meetings have focused on overdose issues that have intensified due to the compounding impact of the pandemic on the opioid crisis. Various TPH staff have been attending these and other calls to coordinate outreach and other initiatives to respond to these concurrent emergencies.

The TDSS has also developed a communications plan to improve information sharing with the community. This includes sharing resources and information through weekly e-mail blasts to more than 300 contacts. Social media posts by TPH have also shared timely data and updates to support overdose prevention and response. Drug alerts continue to be disseminated when TPH becomes aware of issues related to surges in overdoses or toxic drugs circulating in the community. The TDSS also maintains the www.ReportBadDrugsTO.ca tool, which provides an anonymous way of making reports about reactions to toxic drugs, including overdose.

With input from community members and other services providers, staff at The Works developed COVID-19 resources for people who use drugs, and service providers who work with them, including safer drug use tips, and guidance on naloxone administration, harm reduction and overdose prevention during COVID-19. These resources are posted at www.toronto.ca/COVID19, and promoted within community networks and on social media. Information about alcohol and other drug use in the context of COVID-19 is also provided on the website in recognition of the broad increase in substance use that has occurred during the pandemic. Substance use can impact the immune system making some people more susceptible to infectious diseases.

Naloxone access and overdose training

Between April 1, 2019 and March 31, 2020, TPH supported the distribution of 51,577 doses of naloxone across Toronto. The Works distributed 15 percent of these doses directly to service users. In addition, 63 community partner agencies dispensed nearly 44,000 doses to their program clients and loved ones. The Toronto Police Service and St. John's Ambulance continue to procure naloxone from The Works for use in their roles as first responders. Additionally, The Works staff trained over 500 people through overdose prevention, recognition and response sessions.

Expanding access to naloxone is key to saving lives. Currently, provincial directives limit the range of agencies that can distribute naloxone. It is therefore recommended that the BOH urge the provincial Minister of Health to expand the criteria for naloxone distribution to allow any organization that has clients who use drugs to distribute naloxone. This will help expand the reach of this life saving intervention.

Supervised consumption services and overdose prevention sites

Currently, there are nine supervised consumption services (SCS) operating in Toronto. Six services are funded through the provincial Consumption & Treatment Services (CTS) funding stream, two overdose prevention sites (OPS) are not funded provincially, and one (at TPH/The Works) continues to be funded provincially as a SCS. The OPSs at St. Stephens Community House and Street Health are operating with other sources of funding, and the CTS application submitted by The Works remains under review.

All Toronto SCSs and OPSs were implemented in areas of demonstrated need with a higher number located in the downtown core, which is the epicentre of the opioid crisis. Between August 21, 2017 (opening day) and April 30, 2020, there have been 80,606 client visits to The Works SCS, and staff have responded to 1,384 overdoses, including 641 visits where the client required naloxone.

As a result of concerns related to COVID-19, Toronto SCSs reviewed Infection Prevention and Control (IPAC) procedures to ensure the safety of clients and staff. Overdose response at these services may include the use of oxygen, which can be an Aerosol Generating Medical Procedure (AGMP), requiring special filters and procedures to reduce the impact on staff and clients using the space. Following provincial guidance, services have put measures in place to address concerns about COVID-19 transmission, including reducing the number of booths available for use by clients. The Works SCS was closed from March 18 to April 17, 2020 due to IPAC concerns and staff illness. When the Works re-opened in April, an appointment-only service delivery model was implemented to ensure physical distancing at the service. All of these changes have had an impact on the volume of visits, and service delivery procedures and processes continue to be modified to increase access while protecting the people working at and using these services.

During the pandemic, people accessing SCSs are facing reduced hours and service capacity. At the same time, some people are choosing not to access SCSs for a variety of reasons, including staying in place to help stop the spread of COVID-19, and feeling less comfortable at services because of changes due to COVID 19. More services are needed to increase the overall capacity of these life-saving services, and the Province can do more to support this effort. Health Canada has issued class exemptions to provinces and territories to facilitate the implementation of SCS and OPS in their communities. This allows for the creation of new services or the adjustment of existing services to enable compliance with COVID-19 public health measures.

It is therefore recommended that the BOH urge the provincial Minister of Health to remove the current cap of 21 Consumption and Treatment Services permitted for Ontario, and to utilize the federal class exemption granted to provinces during the pandemic to increase the availability of these life-saving services in a variety of settings.

In some cities, pilot projects are underway for virtual and phone-based "witnessing" services to provide a measure of supervision when someone is using drugs, and to call for medical assistance if needed. This is an emerging practice that is being evaluated, but more programs are needed. This is especially true in the context of COVID-19 where people are being encouraged to stay home, and in-person services have less capacity or are closed. The greatest risk factor for death from overdose is using drugs alone. Expanding the range of supervision models is urgently needed to add to the in-person service options currently available.

It is therefore recommended that the BOH urge the provincial Minister of Health to provide funding to pilot and evaluate virtual and/or phone-based supervised consumption services to complement the current in-person service options.

Harm reduction and other support services

Outreach services

In response to the overwhelming demand for outreach services in the downtown east for people who use drugs, the City of Toronto added six outreach workers and one outreach supervisor at The Works in 2018 on a temporary basis. These positions were made permanent in the City's 2019 budget. Currently, outreach workers work 10:00 a.m. to 10:00 p.m. Monday to Saturday, and 11:00 a.m. to 5:00 p.m. on Sundays servicing Toronto as a whole with a focus on the downtown east side.

From May 2019 to the end of December 2019, outreach work included 7,501 contacts/interactions with clients, 4,015 referrals to SCSs/OPSs, over 962 referrals to other services, including shelter, housing, primary care, and mental health services, the removal of 11,106 discarded needles, 1,754 interactions to educate clients on safer drug use and disposal, and the provision of 3,555 harm reduction and dietary supplies, including 426 naloxone kits. Outreach data is provided bi-annually with the next update available in July 2020.

In addition, an outreach coordinating committee with membership from City divisions and community partners was convened to coordinate outreach, training, supports for outreach workers, and sharing information on services provided, outreach hours, and routes to promote service coordination and collaboration between agencies.

Funding of community-based overdose prevention

In 2019, TPH's Toronto Urban Health Fund (TUHF) continued to fund projects that address substance-related harms, including overdose prevention initiatives. Twenty-two harm reduction projects received funding, which included 16 three-year projects (2017 to 2020), three one-year projects, and two purchase of services for a total of approximately \$1.68 million, representing 40 percent of the overall TUHF budget. A range of harm reduction services and programs are provided by the funded projects, including naloxone distribution and training, harm reduction supply distribution, linkages to HIV and HCV testing, care and social services, health promotion, youth-focused programs, Indigenous holistic programs, and a host of peer-based outreach services aimed at building resiliency and preventing overdoses.

The planned decision-making process for allocating TUHF funding required changes due to the COVID-19 pandemic. This precluded the appointment of members to the TUHF Indigenous Review Panel, and convening scheduled in-person committee meetings. The BOH approved these changes in May 2020, which prevented a lapse in funding for critical HIV prevention and harm reduction services in the community, and will enable the timely funding and support for initiatives developed for the Indigenous Funding stream (see more details below).

Substance use harm reduction and treatment capacity

Some people self-medicate with alcohol and other drugs to help them cope with stress, anxiety and trauma, and this type of substance use is increasing during the COVID-19 pandemic. The result is a growing need for harm reduction and treatment services. However, both of these sectors are dealing with service closures or reductions in service hours or capacity to meet physical distancing and other public health requirements. Historically, both of these sectors have been underfunded, and the

additional strain of the pandemic is making the situation untenable.

Harm reduction and treatment services need support to effectively adapt their services to meet client needs while adhering to COVID-19 public health requirements. This could include increased staffing, as well as training and access to appropriate personal protective equipment (PPE), physical space adjustments such as the addition of plexiglass barriers, and support with IPAC. Toronto Public Health is providing guidance to diverse workplaces via the www.toronto.ca/COVID-19 website, but funding support is also needed.

It is therefore recommended that the BOH urge the provincial Minister of Health to provide funding to treatment and harm reduction services to enable them to adapt their services to adhere to COVID-19 public health requirements.

In March 2020, the Panel advocated to the provincial Minister of Health to provide PPE during the COVID-19 pandemic to frontline community service providers, including community service providers working in shelters, drop-in centres, consumption and treatment services, overdose prevention sites, meal programs, and community harm reduction and outreach programs.

There is also a need for more virtual care treatment options, including for opioid agonist therapy (e.g. methadone, buprenorphine) so that people are not forced to come into clinics to receive care during the pandemic. It is therefore recommended that the BOH urge the provincial Minister of Health to support the increased use of virtual care for treatment services for the duration of the COVID-19 pandemic.

Managed opioids/safer supply

In Canada, several kinds of managed opioid/safer supply initiatives are available as treatment and harm reduction options for people who use drugs from the unregulated market. Programs include supervised injectable hydromorphone or diacetylmorphine programs, also known as injectable opioid agonist therapy (iOAT), and tablet (oral) hydromorphone programs. Some small-scale safer supply initiatives have been piloted in Toronto, but more are urgently needed. Staff in TPH are working with safer supply providers in Toronto, advising an Ontario-wide project led by Addictions & Mental Health Ontario, and conducting research with St Michael's Hospital and other community-based providers about client preferences for these programs.

In fall 2019, TPH submitted a funding application to Health Canada's Substance Use and Addiction Program for an iOAT program at The Works, but was not successful in securing funding. In April 2019, TPH resubmitted this application to Health Canada for consideration in the context of the COVID-19 pandemic and the urgent need for safer supply options for people who use drugs in Toronto. This evidence-based program would add to the existing slate of treatment programs available for people with Opioid Use Disorder, in particular, people who are using high-dose opioids who may not benefit from the tablet programs which use lower dose medications.

Health Canada has indicated that they do not have any more funding available for safer supply initiatives, and that the cost of the proposed iOAT program at TPH was too high (approximately \$8.5 million over five years). The medication needed for this program

(high-dose injectable hydromorphone) is not covered through the Ontario Drug Benefit Formulary, and it is this component of the proposal which comprises the majority of project costs (approximately \$4.9 million). Given the urgent need for this type of treatment program, it is recommended that the BOH urge the federal Minister of Health to approve funding for TPHs proposed iOAT project to support the addition of this treatment option to the spectrum of safer supply initiatives available in Toronto.

City Council and the BOH supported calls for managed opioid programs in 2019. In May 2020, the BOH supported additional motions calling on the federal and provincial governments to fund and support safer supply initiatives, including adding hydromorphone in the concentrations needed to the Ontario Drug Benefit Formulary to enable prescribers to enable clients to access this treatment. It is recommended that the BOH reiterate its request urging Health Canada to increase funding for a spectrum of safer supply initiatives, including enhanced and flexible injectable and oral hydromorphone programs. And further, that the BOH to reiterate its request urging the provincial Minister of Health to support implementation of managed opioid/safer supply programs, including by adding the required formulation of hydromorphone (i.e. 50 milligrams/milliliters and 100 milligrams/milliliters hydromorphone) to the Ontario Drug Benefit Formulary to enable injectable hydromorphone programs to operate.

The COVID-19 pandemic has intensified the need for safer supply programs. People in safer supply programs no longer need to rely on drugs from the unregulated market. Safer supply programs (along with other prescribing practices and harm reduction services) reduce the risk of overdose. They also facilitate self-isolation or quarantine for people who use drugs with COVID-19 by reducing the risk of the negative health consequences associated with withdrawal, and therefore contribute to preventing community transmission of COVID-19.

Drug checking services

The Centre on Drug Policy Evaluation (CDPE) is coordinating a drug checking pilot project in Toronto, which started in October 2019. The service offers free and anonymous drug checking in partnership with SCSs at Parkdale-Queen West Community Health Centre's Bathurst Street site, South Riverdale Community Health Centre, TPH/The Works, and the laboratories at St. Michael's Hospital and the Centre for Addiction & Mental Health, with in-kind contributions from other agencies.

This service provides people who use drugs with the opportunity to make informed decisions based on knowledge about the contents of the drugs, supports evidence-informed harm reduction messages to prevent overdoses, and provides information on Toronto's contaminated drug supply. Drug samples are analyzed in hospital laboratories using mass spectrometry technologies, and the results are given to clients by SCS staff within one or two business days, or the same day when possible.

The CDPE disseminates aggregate results for a two week period, and anyone can receive these reports through a request to drugchecking@cdpe.org. On average, 30 samples are checked weekly; however, there has been a significant decrease in the number of samples submitted to partner SCSs during the pandemic.

From the 543 samples checked during this period, drugs people purchased as fentanyl were the most common samples analysed (43 percent). Drugs expected to be cocaine, methamphetamine, MDMA and other drugs were also analyzed. The results show that samples expected to be opioids were more contaminated than other expected drug types, however, toxic contaminants were found in several drug types.⁹ Benzodiazepines (benzos) and benzo-related substances such as etizolam have been found in 36 percent of drug samples expected to be fentanyl.¹⁰ In late February and March 2020, benzo-related drugs unexpectedly appeared in higher numbers of expected fentanyl samples, and in larger proportions of the samples than had previously been identified. The risk of overdose and overdose-related death is increased when opioids and benzos are consumed together (see more details below).

Drug checking results also showed that 43 percent of expected heroin samples were contaminated with fentanyl and 43 percent did not contain heroin, and 14 percent of expected cocaine samples were contaminated with Levamisole, a medication used to treat animals.¹¹ Data from drug checking show that contamination of Toronto's unregulated drug supply is worsening.

Toronto Indigenous Overdose Strategy

The opioid poisoning crisis continues to have profound impacts on people from Indigenous communities. The Toronto Indigenous Overdose Strategy (TIOS) included recommendations directed to all levels of government. Toronto Public Health committed to supporting implementation of TIOS. Staff in TPH have been working to develop and maintain relationships with Indigenous organizations that provide services and support to Indigenous people who use substances. Following the lead of these organizations in identifying and addressing the needs of Indigenous communities is an important part of advancing reconciliation. In that regard, TPH has met with the Toronto Aboriginal Social Service Council (TASSC), Well Living House, and other Indigenous organizations to explore options for collaboration.

In January 2020, a Community Health Officer joined the TDSS to support TIOS work. This support has helped to build relationships and strengthen connections with the Indigenous service sector, identify and share funding opportunities, information and other resources for the sector, and help develop and promote local initiatives, such as overdose awareness events specific to Indigenous communities.

In September 2019, TUHF launched a new Indigenous funding stream to provide access to a culturally-safe funding model for Indigenous organizations, which supports Indigenous wellness and holistic approaches that build on the strengths and resilience of cultural approaches and teachings that address the root causes of HIV and substance use vulnerabilities within urban Indigenous communities. This funding stream provides \$422,000 in dedicated funding for Indigenous organizations, the creation of the TUHF Indigenous Review Panel to support community-led decision-making in the allocation of funds, and the creation of an Indigenous Funding Framework that is based on the medicine wheel.

Through the Poverty Reduction Strategy, Toronto Employment & Social Services (TESS) works with community organizations to develop and implement Innovative Case Management pilots to better meet the needs of residents in receipt of Ontario Works

(OW) financial and employment assistance. For 2020, an Indigenous-focused harm reduction pilot was developed in partnership with 2-Spirits of the 1st Nations, South Riverdale Community Health Centre, Parkdale Queen West Community Health Centre, Ontario Aboriginal HIV/AIDS Strategy, and TPH. Anticipated deliverables of this initiative include development of an Indigenous-focused harm reduction curriculum to train Indigenous-identifying recipients of OW to enter into harm reduction and service navigator opportunities. Program participants will receive 16 weeks of training based on existing best practices in the fields of harm reduction, traditional healing, and service provision. This pilot recognizes the need for culturally-specific harm reduction programs and is a direct response to TIOS. While scheduled to begin in spring 2020, the pilot is currently on hold due to COVID-19.

Women who use substances

A key recommendation in the Toronto Overdose Action Plan: Update 2019 report was for TPH to work with community partners on strategies to support women who use substances to keep their children with them, including options for family-centred treatment. Staff in the TDSS have convened a group of diverse community and institutional representatives with expertise in drug policy, harm reduction, midwifery, research on drug policies' impact on pregnant and parenting women, and legal expertise in family law and human rights.

Initial work by the group has included member support for decriminalization of drug possession for personal use, guidance to community groups working to help women involved in the child welfare system maintain access to their children, and family reunification during COVID-19 pandemic-related closures and restrictions. The group has initiated the development of “Know Your Rights” resources for women involved in the child welfare system, and will explore the feasibility of a workshop on this topic for women who use drugs and service providers supporting them.

Crisis services for people who use drugs

Staff in the TDSS previously worked with diverse community and institutional partners to develop a model for a comprehensive, 24-hour crisis service for people who use substances. The Toronto Central Local Health Integration Network funded the Gerstein Centre to deliver some of the services, however, the full service model has not been realized. This service has played an important role in supporting people in crises in the Downtown East area of the city and elsewhere. However, the service capacity is not sufficient to meet the demand. In addition to providing critical supports to people who use substances, this type of crisis service helps reduce the impact on emergency rooms and police services. The Gerstein Centre is reconvening a group to update and advance the model for a comprehensive crisis service for people who use substances, and TDSS staff are involved.

It is therefore recommended that the BOH urge the Toronto Central Local Health Integration Network to increase funding for comprehensive crisis services for people who use drugs in Toronto.

Housing

Over the last year, Councillor Perks, Chair of the Toronto Drug Strategy Implementation Panel, has chaired discussions with senior staff at the Toronto Community Housing

Corporation (TCHC), TPH, community service providers, and people who use drugs, on how to better support people who use drugs in TCHC buildings. These discussions have been fruitful, and have resulted in the drafting a new and more robust harm reduction policy for TCHC. The proposed policy document is grounded in human rights principles, and sets out roles and responsibilities of TCHC staff, volunteers, residents, and community service providers working in TCHC buildings. The policy includes protection of people who use drugs from harassment and discrimination, harm reduction program delivery in TCHC communities, tenant and staff engagement, staff training (including overdose prevention), safe sharps disposal, and a commitment that tenants will not be evicted for drug use alone. Review of the policy by the TCHC Board of Directors has been delayed due to the COVID-19 pandemic, but will be considered at a future meeting. Implementation of this new policy will contribute significantly to the health and well-being of people who use drugs and live in TCHC communities.

TAHSN/TPH Opioid Task Force

The Toronto Academic Health Science Network (TAHSN) and TPH have partnered to create the TAHSN/TPH Opioid Task Force (the Task Force), which also includes South Riverdale Community Health Centre, Parkdale Queen West Community Health Centre, Anishnawbe Health, and people with lived and living experience of drug use.

The Task Force came together in recognition of the urgent need for action to address the opioid crisis across the continuum of health care, and across the lifespan. The Task Force is developing an evidence-based plan of action aimed at improving the health outcomes of people who use drugs, and reducing opioid-related morbidity and mortality. Specifically, the Task Force is proposing to create a Toronto Opioid Action Network, the objective of which is to establish a system-level approach that would include integrated services at TAHSN hospitals, TPH, and community service providers to ensure continuous care pathways between community services, emergency departments and in-patient hospital programs. The intention is to ensure seamless and uninterrupted care for people who use drugs as they move between these parts of the health care system to support and maintain positive health outcomes and reduce inefficiencies.

Unfortunately, the work of the Task Force is delayed during the pandemic, due to the involvement of TAHSN hospitals and TPH in the COVID-19 response. However, a sub-group of Task Force members are strategizing on ways to address some of the key treatment and health care service gaps during the pandemic, especially for people who use drugs and are experiencing homelessness.

Grief and trauma supports

The need for grief and trauma supports for frontline workers, people who use drugs and family members and friends is a longstanding issue that has not been addressed, and has been re-iterated in all the TOAP updates. People are experiencing profound grief and trauma as they witness loved ones and clients overdose, sometimes multiple times, and sadly die from the opioid poisoning crisis. This trauma is being further compounded as the overdose crisis intensifies during the pandemic. Services people rely on are not available, and the isolation required as part of public health requirements is creating unintentional hardship for many.

Limited support services are available to assist with grief and trauma, especially for overdose. This type of grief is compounded by the stigma and discrimination associated with drug use. It is therefore recommended that the BOH urge the provincial Minister of Health to dedicate funding to grief and trauma supports specifically for overdose.

Benzodiazepines

There has been increasing concern about the harms caused by benzodiazepines (also known as benzos, especially related to their effects when combined with opioids). Benzos are a central nervous system depressant medication that is typically used to treat anxiety, insomnia and alcohol withdrawal. They have a calming effect on many functions of the brain and induce sedation and sleep.

Benzos may be prescribed, and are also available in the unregulated drug supply. Benzos (and benzo-related drugs, which are similar to benzos, but have a slightly different chemical structure) are also cut into other drugs, particularly opioids (see drug checking section above).

When someone takes benzos and opioids together (whether they intended to or not), the effects can include respiratory depression and extreme sedation, which increases the risk of overdose and death. Benzos were detected in 36 percent of accidental opioid-related deaths in Ontario between June 2017 and June 2018.¹² There have also been spikes in overdoses at SCSs in Toronto due to benzos and opioids. If naloxone is administered to someone who has consumed benzos and opioids, it will address the effects of the opioids, but it will not reverse the sedative effects of the benzos. There are reports from a variety of first responders in Toronto about people who are difficult to rouse after an overdose even after naloxone has been administered.

Most SCSs in Toronto are not designed or funded to support people who are difficult to rouse. There are a number of other symptoms of benzo and opioid toxicity that may last for hours that can complicate responses (including impaired balance and movement control, slurred speech, lowering inhibitions, blackouts, and memory loss). Toronto SCSs continue to modify procedures to address the changing drug supply, including how to respond to people experiencing overdoses related to benzodiazepines. More support is needed to expand the knowledge and evidence base on interventions for benzo and opioid-related overdoses.

It is recommended that the BOH urge the provincial Minister of Health to consult with harm reduction services, health care providers, first responders, treatment providers, police, and people with lived and living experience of drug use to develop responses to benzodiazepine and opioid-related issues. It is also recommended that the BOH urge Health Canada to support evidence-based knowledge exchange and capacity-building responses that reduce the harms of benzodiazepines and opioids.

Research to advance knowledge on overdose

Staff in the TDSS participate in substance use research to help build the evidence-base to support development of healthy public policy. The recent focus has been on research to advance our understanding of the overdose crisis and responses to it. These include projects that evaluate low barrier SCS models (i.e. overdose prevention sites), the effects of SCS on overdose rates, the experience of women in SCS settings, and

research on community-based overdose response plans that seek to examine the existing response and build community capacity to implement further actions.

Toronto Public Health and health sector partners are also exploring local research to examine how many serious outcomes of overdose are occurring in Toronto as well as the impact of overdose on health and well-being. There are a range of possible short and long-term health impacts following a non-fatal overdose. Most people who survive an opioid overdose recover completely within minutes or hours.¹³ However, if the overdose slows or stops an individual's breathing, more serious health consequences can occur, and the risks increase the longer a person is without oxygen. Health impacts can include a buildup of fluids in the lungs, and the need to be supported with mechanical ventilation in the hospital. More serious and possibly long-term complications are rhabdomyolysis or "crush syndrome" and brain injury.^{14,15,16,17} Beyond these health impacts, people who survive an overdose have an increased risk for another overdose.¹⁸ Information gleaned from this research can be used to inform targeted interventions.

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