June 28, 2022

The Honourable Doug Ford  
Premier of Ontario

Delivered via email: doug.fordco@pc.ola.org

RE: SUPPORT FOR RESOLUTION A22-4

At the Chatham-Kent Board of Health meeting of June 15, 2022, the Board received an update regarding the proceedings of the 2022 Association of Local Public Health Agencies (alPHa) annual general meeting and conference.

As part of this update, resolution A22-4, and its associated amendments, was discussed. The original motion is attached and the amendment is as follows:

That the drug poisoning crisis in Ontario be declared an emergency under the emergency management and civil protection act (RSO 1990).

The following amendment to the amendment was then proposed:

And further that alPHa recommend the provincial government consider the potential role and appropriate timing of declaring the drug poisoning crisis in Ontario as an emergency under the emergency management and civil protection act (RSO 1990).

Drug use and subsequent poisonings were already on the rise in Ontario and were further exacerbated by the COVID-19 pandemic. The additional stress from the pandemic on both people who use drugs and the health care system brought this issue to a boiling point with dramatic increases in deaths from opioid-related toxicity.

As the province and the public health system recover from the pandemic, it will be crucial that local public health units have the tools and resources required to support their communities. An emergency declaration in regard to the drug poisoning crisis will allow the government to take necessary steps to protect the health of the public, and particularly the most vulnerable members of our society.

The Board feels there is significant evidence to support such a declaration, and passed a motion to support resolution A22-4 and its amendments at the June meeting.
We look forward to expanded partnerships and detailed plans on this matter.

Yours truly,

Joe Faas, Chair
Chatham-Kent Board of Health

Encl.

C:
The Hon. Sylvia Jones, Deputy Premier and Minister of Health
The Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour, Immigration, Training and Skills Development
Trevor Jones, MPP, Chatham-Kent-Leamington
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
All Ontario Boards of Health
LATE alPHa RESOLUTION A22-4

TITLE: Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario

SPONSOR: Council of Ontario Medical Officers of Health (COMOH)

WHEREAS the ongoing drug/opioid poisoning crisis has affected every part of Ontario, with the COVID-19 pandemic further exacerbating the issue, leading to a 73% increase in deaths from opioid-related toxicity from 2,870 deaths experienced in the 22 months prior to the pandemic (May 2018 to February 2020) to 4,951 deaths in the 22 months of available data since then (March 2020 to December 2021); and

WHEREAS the burden of disease is particularly substantial given the majority of deaths that occurred prior to the pandemic and the increase during the pandemic have been in young adults, in particular those aged 25-44, and the extent of the resulting trauma for families, front line responders, and communities as a whole cannot be overstated; and

WHEREAS the membership previously carried resolution A19-3, asking the federal government to decriminalize the possession of all drugs for personal use based on broad and inclusive consultation, as well as supporting robust prevention, harm reduction and treatment services; and

WHEREAS the membership previously carried resolution A21-2, calling on all organizations and governmental actors to respond to the opioid crisis with the same intensity as they did for the COVID-19 pandemic; and

WHEREAS the Association of Local Public Health Agencies (alPHa) has identified that responding to the opioid crisis is a priority area for local public health recovery in their Public Health Resilience in Ontario publication (Executive Summary and Report); and

WHEREAS recognizing that any responses to this crisis must meaningfully involve and be centred-around people who use drugs (PWUDs), inclusive of all backgrounds, and must be founded not only on evidence- and trauma-informed practices but also equity, cultural safety, anti-racism as well as anti-oppression; and

WHEREAS COMOH’s Drug / Opioid Poisoning Crisis Working Group has recently identified nine provincial priorities for a robust, multi-sector response that is necessary in response to this crisis (see Appendix A); and

WHEREAS local public health agencies are well positioned, with additional resourcing, to play an enhanced role in local planning, implementation and coordination of the following priority areas: harm reduction, substance use prevention and mental health promotion, analysis, monitoring and reporting of epidemiological data on opioid and other substance-related harms, health equity and anti-stigma initiatives, efforts towards healthy public policy related to substance use including but not limited to decriminalization, and providing and mobilizing community leadership; and
WHEREAS this work of local public health agencies aligns with the Substance Use and Harm Reduction Guideline (2018) and the Health Equity Guideline (2018) under the Ontario Public Health Standards;

NOW THEREFORE BE IT RESOLVED that alPHa endorse the nine priorities for a provincial multi-sector response;

AND FURTHER that the noted provincial priorities and areas of contribution by local public health agencies be communicated to the Premier, Minister of Health, Associate Minister of Mental Health & Addictions, Attorney General, Minister of Municipal Affairs & Housing, Minister of Children, Community & Social Services, Chief Medical Officer of Health, Chief Executive Officer (CEO) of Ontario Health and CEO of Public Health Ontario;

AND FURTHER that alPHa urge the above-mentioned parties to collaborate on an effective, well-resourced and comprehensive multi-sectoral approach, which meaningfully involves and is centred-around PWUDs from of all backgrounds, and is based on the nine identified provincial priorities.
A22-4 Appendix A – Priorities for a Provincial Multi-Sector Response

The following was developed by the Drug / Opioid Poisoning Crisis Working Group of COMOH, and shared with the COMOH membership for review at its general meeting on April 27th, 2022:

1. Create a **multi-sectoral task force**, including people with lived experience of drug use, to guide the development of a robust, integrated provincial drug poisoning crisis response plan. The plan should ensure necessary resourcing, health and social system coordination, policy change, and public reporting on drug-related harms and the progress of the response. An **integrated approach** is essential, to address the overlap between the use of various substances, to integrate aspects of the response such as treatment and harm reduction, and to ensure a common vision for addressing health inequities and preventive opportunities.

2. Expand access to **harm reduction** programs and practices (e.g. Consumption and Treatment Service (CTS) sites, Urgent Public Health Needs Sites (UPHNS), drug checking, addressing inhalation methods as a key route of use and poisonings, and exploring the scale up of safer opioid supply access).

3. Enhance and ensure sustainability of support for substance use **prevention** and mental health promotion initiatives, with a focus from early childhood through to adolescence.

4. Expand the collection, analysis and reporting of timely integrated **epidemiological data** initiatives, to guide resource allocation, frontline programs and services, and inform healthy public policy.

5. Expand access to **treatment** for opioid use disorder, including opioid agonist therapy in a range of settings (e.g., mobile outreach, primary care, emergency departments) and a variety of medication options (including injectable). To support the overall health of PWUDs, also connect with and expand access to care for other substances, for mental illness and trauma as key risk factors for drug use, and for comprehensive medical care for PWUDs.

6. Address the structural **stigma**, discrimination and related harms that create systemic barriers for PWUDs, through re-orienting systems for public health, first responders, health care, and social services, to address service provider and policy-level stigma, normalize services for drug use, and better meet the needs of PWUDs. Also, support community and community leadership conversations to address drug use stigma and its societal consequences.

7. Advocate to and support the Federal government to **decriminalize** personal use and possession of substances, paired with increased investments in health and social services and a focus on health equity at all levels. These efforts aim to address the significant health and social harms of approaches that criminalize PWUDs, including Black, Indigenous and other racialized communities.

8. Acknowledge and address **socioeconomic determinants of health, systemic racism**, and their intersections that are risk factors for substance use and substance use disorders, and pose barriers to accessing supports. This includes a need for more affordable and supportive **housing** for PWUDs, and efforts to further address **poverty** and **unemployment/precarious employment**.

9. Provide funding and other supports to enable consistent **community leadership** by PWUDs and by community organizations, including engagement with local drug strategies. People who bring
their lived experience should be paid for their knowledge contribution and participation at community tables.