

alPHA's members are  
the public health units  
in Ontario.

**alPHA Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate  
Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

July 18, 2022

Hon. Sylvia Jones,  
Deputy Premier and Minister of Health  
College Park 5th Flr, 777 Bay St  
Toronto, ON M7A 2J3

Dear Minister Jones,

**Re. alPHA Resolution A22-4 - Priorities for Provincial Action on the Drug/Opioid  
Poisoning Crisis in Ontario**

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On behalf of member Medical Officers of Health, Boards of Health, and Affiliate organizations of the Association of Local Public Health Agencies (alPHA), I am writing to notify you of this resolution, which was passed at alPHA's 2022 Annual General Meeting.

Drug and opioid poisonings have been a public health crisis in every part of Ontario for the better part of the last decade, and it has become far worse since the COVID-19 pandemic began. Deaths from opioid-related toxicity have surged from 2,870 in the 22 months prior to the pandemic to 4,951 deaths in the 22 months since, representing a 73% increase.

Our members have a clear mandate under the Ontario Public Health Standards to address the harms of substance use, and alPHA has long advocated for harm reduction initiatives, such as decriminalization, supervised consumption sites and investments in robust prevention, harm reduction and treatment services. Given the extent of the ongoing crisis, we have also identified it as one of the most pressing public health priorities as we exit the emergency phase of the pandemic response and are prepared to accept a leadership role.

This resolution outlines nine priorities for a provincial multi-sector response to the drug/opioid poisoning crisis in Ontario, urges the meaningful involvement of people who use drugs, and calls for consideration of the potential benefits of declaring this crisis an emergency under the Emergency Management and Civil Protection act (R.S.O. 1990).

This resolution is part of a broader strategy that is underway, and we will be communicating further with your ministry and other stakeholders on this topic as it unfolds.

We would welcome any opportunity to discuss this issue further with you and your staff. To arrange a meeting with the leadership of our Association, please contact alPHA Executive Director Loretta Ryan by e-mail at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or by telephone at 647-325-9594

Sincerely,



Trudy Sachowski,  
President

**COPY** Hon. Doug Ford, Premier of Ontario  
Hon. Doug Downey, Attorney General  
Hon. Steve Clark, Minister of Municipal Affairs & Housing  
Hon. Merrilee Fullerton, Minister of Children, Community and Social Services  
Hon. Michael Tibollo, Associate Minister of Mental Health & Addictions  
Dr. Kieran Moore, Chief Medical Officer of Health  
Dr. Michael Sherar, President and CEO, Public Health Ontario  
Matt Anderson, Chief Executive Officer (CEO) of Ontario Health

**Encl.**

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

**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;

**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.

**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 (R.S.O. 1990).

***CARRIED AS AMENDED***

## 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 27<sup>th</sup>, 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.