alPHa
Association of Local PUBLIC HEALTH Agencies

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

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

October 14, 2022

Dear Minister Jones,

Re: Solutions to End the Drug Poisoning Crisis in Ontario

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, I am writing to communicate our endorsement in principle of the Drug Strategy Network of Ontario (DSNO) *Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction*.

Many of our member public health units across Ontario are members of or work closely with the local drug strategies that make up DSNO, and they have collectively identified four broad solutions for addressing the current drug poisoning crisis. They are:

- Declaring the province's drug poisoning crisis to be an emergency under the Emergency Management and Civil Protection Act (EMCPA, RSO 1990) & creating a provincial task force to address the crisis.
- Expanding evidence-informed harm reduction and treatment practices throughout Ontario.
- Eliminating the structural stigma that discriminates against people who use drugs.
- Increasing investments in prevention and early intervention services that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods.

Each is described in more detail in the attachment and are aligned with alPHa's existing positions, with the following provisos:

- alPHa Resolution A22-4 (also attached) recognizes that that while the drug / opioid crisis is an undeniable public health emergency, the formal declaration of an emergency under the EMPCDA has wider-ranging implications that may not all be beneficial depending on how they are applied. The resolution as proposed was amended to allow for an exploration of the full range of potential policy levers should be explored before relying exclusively on this one.

- The alPHa position is more explicit in its recognition of the critical importance of meaningfully involving People Who Use Drugs (PWUDs) in all work in response to the drug poisoning crisis. PWUDs bring critical expertise and should be involved in determining solutions for the crisis affecting them. We are aware that members of DSNO do in fact involve PWUDs and other drug-related lived expertise in the work they do, and alPHa will take this opportunity to reinforce the importance of formalizing this.

We look forward to working with you and would like to request an opportunity to meet with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Trudy Sachowski,
President

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Melanie Kohn, Assistant Deputy Minister, Mental Health and Addictions, Ministry of Health
Adrienne Crowder, Wellington Guelph Drug Strategy Coordinator

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.

SOLUTIONS TO END THE DRUG POISONING CRISIS IN ONTARIO: CHOOSING A NEW DIRECTION

This document proposes 4 policy solutions to reduce drug poisoning deaths and injuries in Ontario, presented by the DSNO*. Implementing these policies will significantly reduce the harms, including death, experienced by people who consume unregulated drugs. They will also improve community safety by reducing drug-related crime and drug poisoning rates, while simultaneously decreasing community costs incurred by first responders, police and courts responding to the current drug poisoning crisis.

More than 14, 000 Ontarians have lost their lives to drug poisoning in the last five years- almost all of these were preventable deaths. Since the start of the COVID-19 pandemic, the drug poisoning situation has escalated. Between February and December 2020, there was a 79% increase in the number of opioid-related deaths across Ontario. Since then, in the first half of 2021, rates of fatal drug poisonings more than doubled in in 15 of 34 public health units across the province. The current reality is that people who use unregulated drugs face health inequities and structural barriers that augment the health challenges they experience.

Change is possible. The current drug poisoning crisis needs to be addressed through a coordinated emergency response. The public health and emergency strategies used to contain COVID-19 can also be applied to the drug poisoning crisis. Processes that already exist to manage consumer health and safety offer unrealized opportunities to prevent drug poisonings. Harms resulting from the drug poisoning crisis are the result of policy choices, not individual moral failings. Action can be taken today to improve the health and safety of all residents of Ontario.

PROPOSED SOLUTIONS

1 DECLARE THE PROVINCE'S DRUG POISONING CRISIS TO BE AN EMERGENCY UNDER THE EMERGENCY MANAGEMENT AND CIVIL PROTECTION ACT (EMCPA, RSO 1990) & CREATE A PROVINCIAL TASK FORCE TO ADDRESS THE CRISIS IN THE FOLLOWING WAYS:

- Provide the Task Force with the authority to recommend immediate, life-saving policy and practice changes, reforming services to meet the real-time health needs of people who use substances.
- Publish targets to reduce the incidence of drug poisoning and track this data publicly. Taking immediate action to end fatal and non-fatal drug poisonings must be the key priority.
- Appoint experts to the Task Force from a variety of sectors to advance evidence-informed policy and practice changes. Experts need to include people who consume - and previously consumed - unregulated drugs, addiction specialists, mental health providers, and representatives from various sectors such as harm reduction, enforcement and justice, public health, housing & homelessness, Indigenous services, and representation from disproportionately impacted groups and communities.
- Provide real-time data for drug poisonings and associated indicators from across the province. Timely and accurate data is necessary to accurately measure desired changes.

2 EXPAND EVIDENCE-INFORMED HARM REDUCTION AND TREATMENT PRACTICES THROUGHOUT ONTARIO.

- Provide communities with adequate funding for harm reduction and treatment supports based on identified community needs. These may include safe supply programs, consumption and treatment site services, on-demand access to opioid substitution therapies and other evidence-informed harm reduction and treatment services.
- Empower local Public Health, health care, social service, and community partners to introduce the harm reduction services identified above without delay. People who use drugs must be included in the design and delivery of these services.
- Design trauma and culturally informed harm reduction supports and substance use services that are accessible and co-located with other aligned health and social services. This may include mobile service provision in rural areas.

3 ELIMINATE THE STRUCTURAL STIGMA THAT DISCRIMINATES AGAINST PEOPLE WHO USE DRUGS.

- Decriminalize possession of drugs for personal use. Criminalizing and charging people who use drugs creates barriers that prevent people from obtaining housing or work, and from accessing services to manage and mitigate the use of unregulated drugs.
- Mandate minimum standards of education on the topics of substance use and mental health within regulated professions whose members work with the public. Systemic stigma against the use of unregulated drugs is embedded in our society and must be actively addressed by changes to educational processes, and service policies and practices.

4 INCREASE INVESTMENTS IN PREVENTION AND EARLY INTERVENTION SERVICES THAT PROVIDE FOUNDATIONAL SUPPORT FOR THE HEALTH, SAFETY AND WELL-BEING OF INDIVIDUALS, FAMILIES AND NEIGHBOURHOODS.

- Planning that links early intervention services across multiple sectors is required. Currently services for people affected by substance use, if such services exist at all, are scattered across a spectrum of sectors and ministries – including health, addiction, mental health, social services, corrections, and child welfare. Siloed planning processes cannot address complex problems. A cross-sectoral planning approach is needed.
- Invest in upstream prevention approaches to reduce the harmful use of substances and to build safe and healthy individuals, families and neighbourhoods for both present and future generations. Funding for neighbourhood-level services remains a chronic deficiency despite decades of evidence which supports the return-on-investment of these services. Sustained investments in prevention efforts negate the need for more expensive downstream funding in future years, providing high value across multiple public and private sectors.

The four solutions outlined above identify the core areas where implementing change can immediately improve the health of people who use substances and the safety and well-being of communities at large. Applying a public health approach to address the drug poisoning crisis will create a healthier and safer path forward on behalf of all residents of Ontario and reframe the current drug poisoning crisis as a solvable problem.

***ABOUT THE DSNO (formerly Municipal Drug Strategy Coordinator's Network of Ontario)**

The Drug Strategy Network of Ontario (DSNO) represents 41 drug strategies across the province. They work together to prevent and reduce harms related to substance use from a 4-Pillar Model which incorporates prevention, harm reduction, treatment, and community safety perspectives.

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 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.