

RESPONDING TO CANADA'S OVERDOSE CRISIS

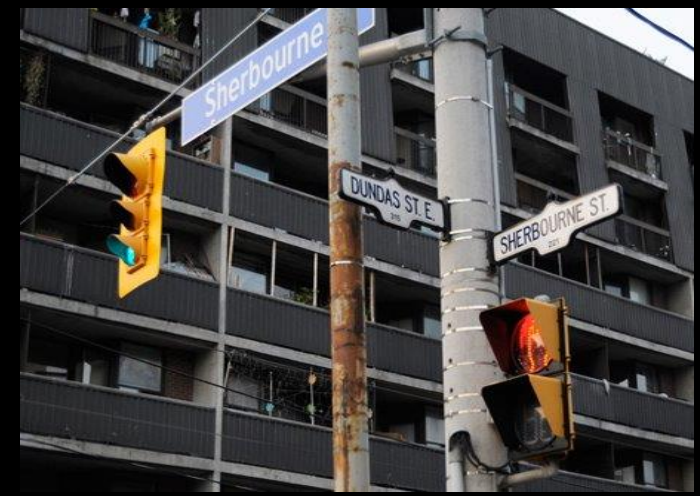
 **StreetHealth** 
Reducing the harms caused by homelessness

May 25, 2022



STREET HEALTH

- A non-profit, community-based agency offering health and social services to people experiencing homelessness since mid-1980s
- All services are client-centered, flexible, responsive, low barrier
- Services include: primary healthcare, nursing care, mental health case management, identification replacement & storage, harm reduction supplies and programming, a mobile health bus, and an Overdose Prevention (Supervised Consumption) Site
- Neighbourhood around Dundas and Sherbourne Streets: largest concentration of homeless shelters and drop-in centres in Canada



OVERDOSE DEATHS THE GENERAL PICTURE

- 26,690 people died from an **opioid** overdose in **Canada** between January 2016 and September 2021.*
- Federal government modelling predicts **4000 more deaths** in the first half of 2022.
- In **Ontario**, the Chief Coroner has recently said that **8 Ontarians** are dying from overdose **every day**.
- In **Toronto** in **2021** there were **511** fatal overdoses, a 273% increase from 2015^o

*<https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>

^o<https://www.toronto.ca/news/toronto-public-health-releases-preliminary-data-of-confirmed-opioid-overdose-deaths-in-2021/>

Almost 1 in 6

opioid-related deaths during the pandemic occurred among people experiencing homelessness.



Nearly **1 in 10** of these deaths occurred within shelters or supportive housing.

Opioid-related deaths among people experiencing homelessness increased by **139%** during the pandemic:

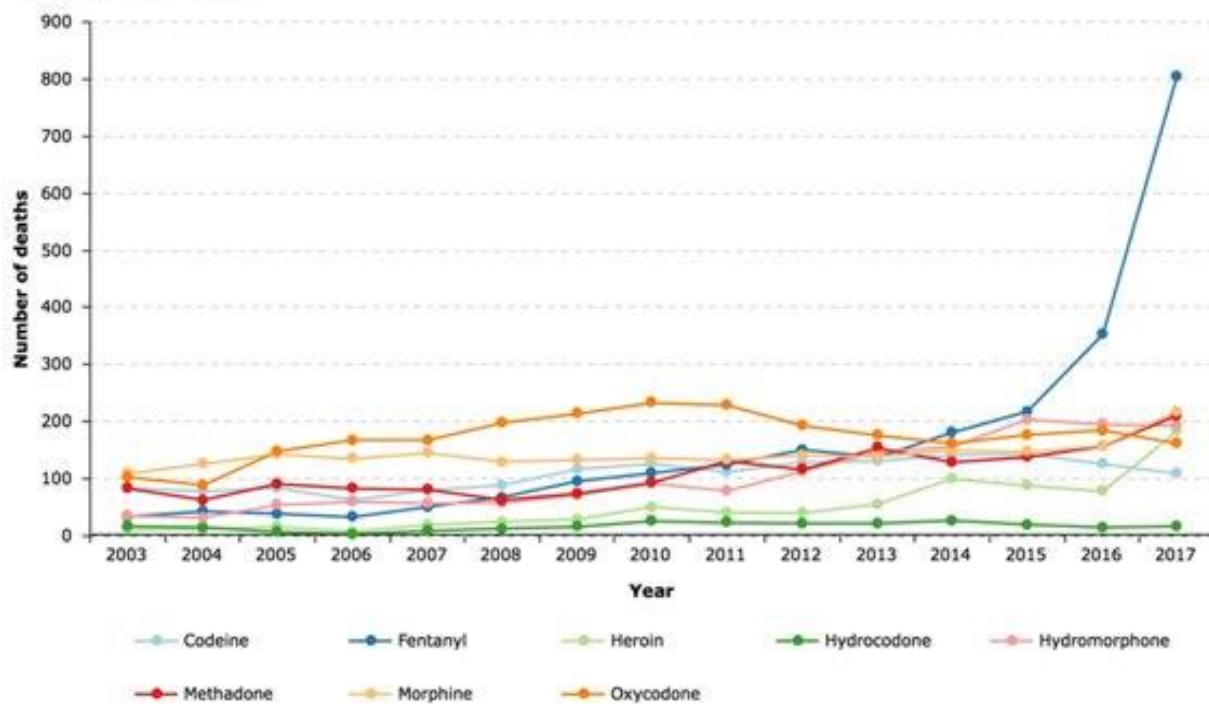


1 in 7 of these deaths occurred within hotels providing emergency shelter services.

WHY? THE ILLICIT DRUG SUPPLY HAS CHANGED

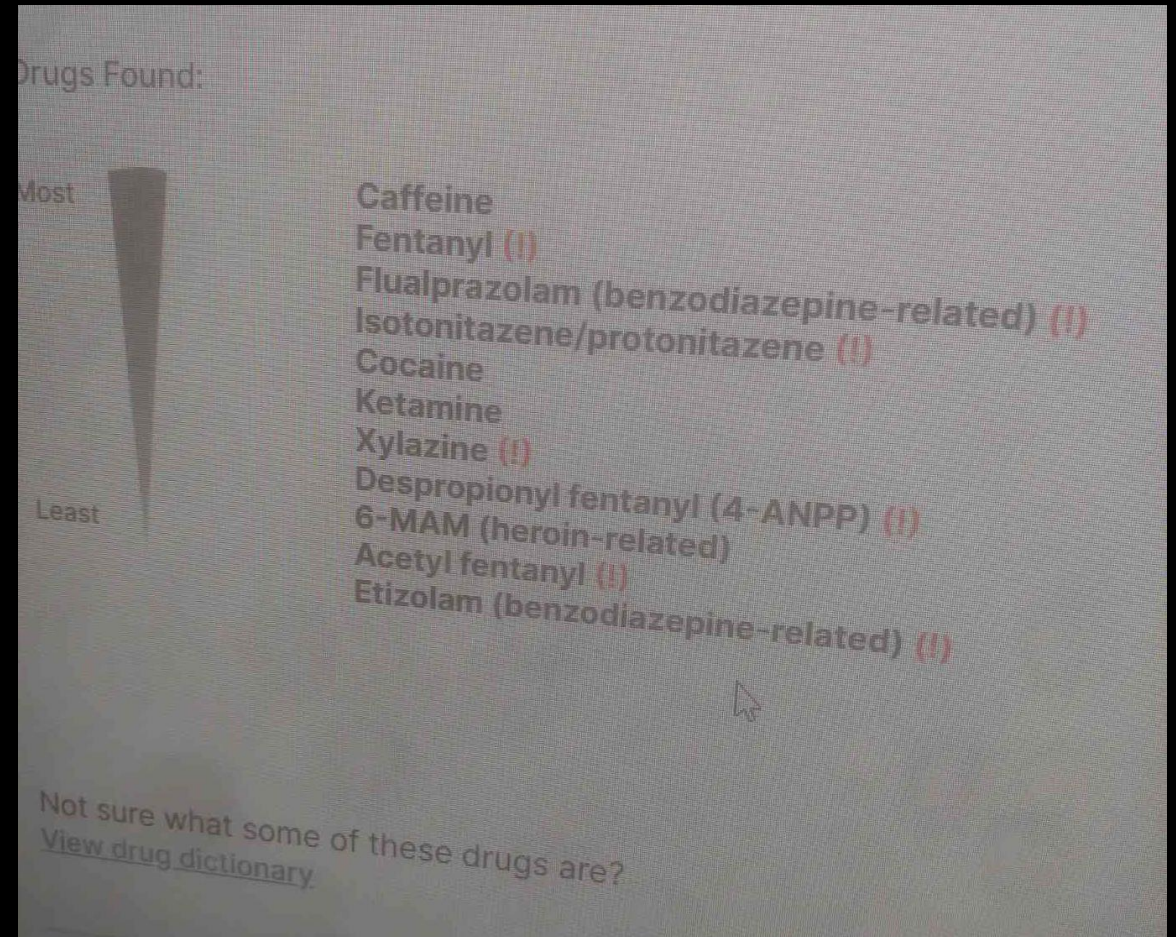


Type of opioid present at death,
Ontario, 2003 - 2017



TORONTO'S DRUG CHECKING SERVICE

- Offers people who use drugs timely and comprehensive information on the composition of their drugs using sophisticated lab-based technologies
- Even the fentanyl is now extremely contaminated
- This sample was sold as 'fentanyl' and is typical of what we are seeing



SAFER SUPPLY



- The supply of street drugs is toxic and is directly causing the tide of overdose death. This affects people who struggle with problematic drug use but also those who use drugs casually.
- The province and the federal government must urgently work on:
 - developing **model guidance** for public health units and prescribers;
 - ensuring **equitable access** to emerging safer supply initiatives especially to intersecting marginalized populations and those who are traditionally underserved by health initiatives; and;
 - consulting with **community-based** safe supply organizations and people who use substances who can inform the immediate development of community-based solutions for safer supply.



DECRIMINALIZATION

- In 2021, the Health Canada Expert Task Force on Substance Use found that the current system of drug prohibition in Canada has had profound negative outcomes, including:
 - stigma
 - disproportionate harms to populations experiencing structural inequity
 - harms from the illegal drug market
 - a large financial burden on the health and criminal justice systems



DECRIMINALIZATION

- Two major cities have applied to decriminalize the possession of drugs for personal use: Toronto, Vancouver. Edmonton City Council has also voted to pursue this strategy. The entire province of British Columbia.
- A patchwork strategy is inadequate - we need a national strategy – ask your federal MP to support private members' Bill C-216.
- As workers on the frontlines of this crisis, we know that we need to support people who use substances, rather than locking them up.



BILL C-216: HEALTH-BASED APPROACH TO SUBSTANCE USE ACT

- Private members' bill expected to come to the House of Commons for debate in early June 2022; 3 main components:
 1. **Decriminalize the personal possession of drugs** so substance users don't fear punishment when seeking support and treatment;
 2. **Erase criminal records for the possession of drugs** because convictions create barriers to getting housing and jobs; and
 3. Create national policy and national standards to provide a **safer supply** of drugs.

“Decriminalization of the simple possession of all drugs — combined with the scale-up of prevention, harm reduction, and treatment services — is a more effective way to address the public health and public safety harms associated with substance use.”

-Toronto Chief of Police James Ramer

WHAT ARE OUR GOVERNMENTS DOING ABOUT IT?

- There is no coordinated strategy at the federal or provincial levels to address drug poisoning deaths
- The pandemic demonstrated the difference when a **coordinated, information-driven, province-wide approach** is taken: services expanded, resources leveraged at the provincial as well as municipal and private sector levels, data collected to inform strategy
- We must call on the on provincial government (and all levels of government) to give the drug poisoning crisis the same sort of urgent attention and resources that have been brought to bear against the pandemic.

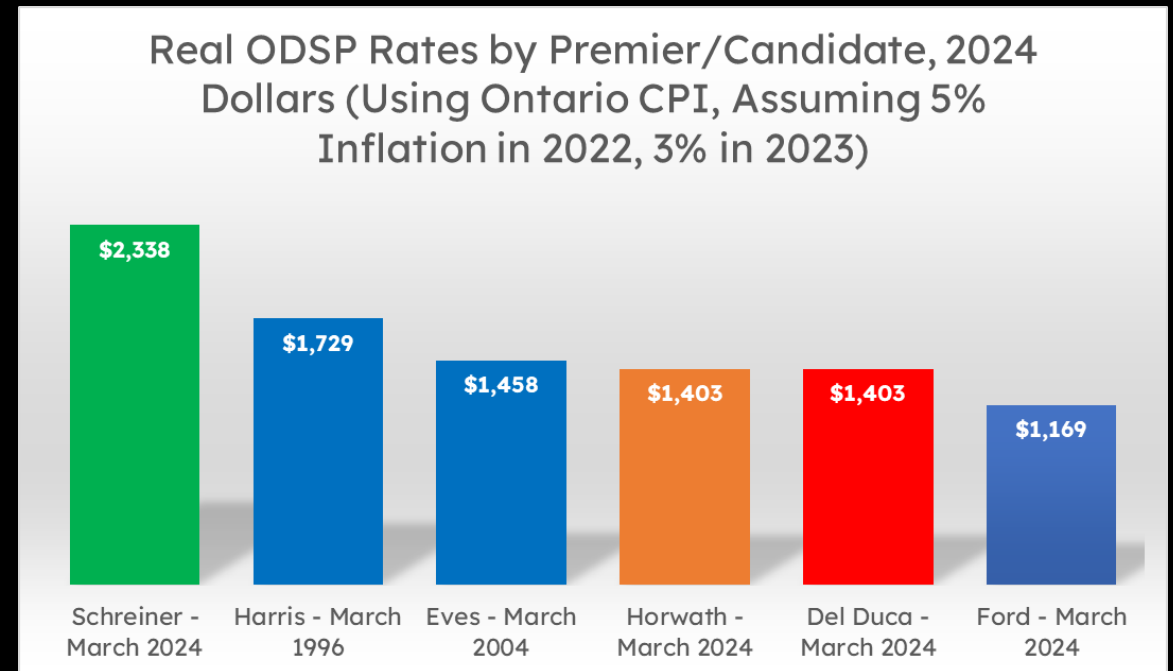


SOCIAL + MENTAL HEALTH SUPPORTS

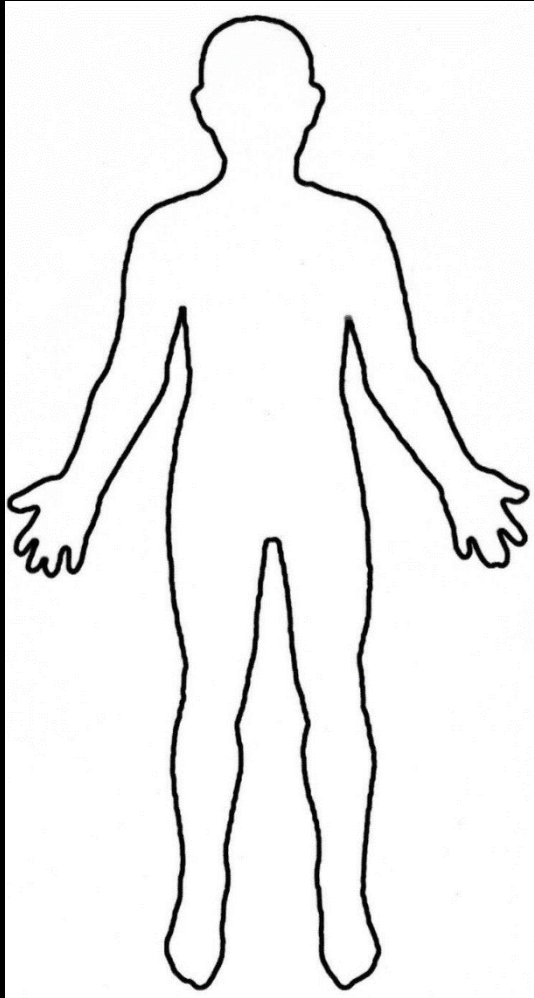
❖ We have 2 –tiered mental health and substance use care in Ontario. Wait times for publicly funded care are long. The province must create widely available and fully funded mental health services to help Ontarians who are struggling with substance use:

- Access safe, supported services, open 24/7, to safely consume substances they need,
- Access full and non-stigmatizing comprehensive healthcare,
- Access low barrier, culturally safe, accessible treatment when and if they choose to reduce or end their use of substances

❖ Impossible to meaningfully recover from problematic drug use if you are unhoused/struggling to meet your basic needs; OW and ODSP must be raised to a level that meets people's needs.



HEALTHCARE AND EQUITY: A CASE STUDY



HEALTHCARE AND EQUITY: AN OXYMORON



OTHER WAYS THE HEALTHCARE SYSTEM IS INACCESSIBLE AND DEMONSTRATES INEQUITY

- Appointment times
- Phone appointments
- Ability to adhere to aftercare orders for wounds
- LHIN homecare services
- Getting in contact with specialists
- Frequency of appointments
- Transportation services to and from appointments
- Criteria for acceptance to certain programs
- Geography of services offered

QUESTIONS TO ASK ONTARIO CANDIDATES ABOUT THE DRUG POISONING CRISIS:

- If your party is elected, what steps will you take to address the skyrocketing opioid overdose deaths in Ontario?
- Do you commit to a coordinated provincial response to the crisis? What does this look like for your party? What role will frontline workers and people with lived/living experience have in this response?
- Do you commit to reconvening the Opioid Emergency Task Force that was disbanded in 2018?
- What is your party's stance on decriminalizing drug possession as recommended by the Health Canada Expert Task Force on Substance Use?

KEY ELEMENTS TO LOOK FOR IN A PLATFORM

- Reconvene the Ontario Opioid Emergency Task Force
- Expand Funding for Supervised Consumption Sites
- Expand Funding for Safer Supply
- Increase Funding for stable Long Term Housing Initiatives – rent-geared-to-income – anything tied to market rents will remain inaccessible for many
- Have people with lived experience spearheading programming that is developed for people who use drugs
- Increase Ontario Works and the Ontario Disability Support Program Rates

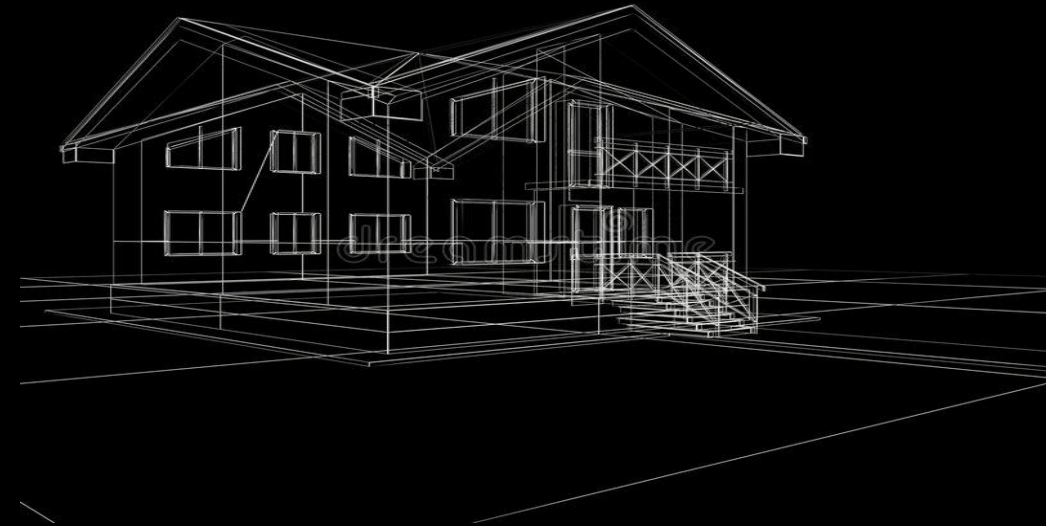
WHERE DO WE GO FROM HERE?

Decriminalization

- Drug prohibition was meant to reduce drug use + perceived associated harms.
- It has **failed at** both, fueled an epidemic of drug poisonings, created a dangerous illegal market benefitting transnational organized crime.
- Individuals, families and communities are harmed and too many die when the stigma of criminalization causes them to use drugs alone.

Safe Supply programs

- Need to divert people away from a contaminated drug supply
- Need for distribution of pharmaceutical-grade substances to people at risk of overdose death



Social + mental health supports including housing

- To address the social determinants of health
- Impossible to meaningfully recover from problematic drug use if you are struggling to meet your basic needs
- Low barrier access to evidence-based treatment options and multiple pathways to recovery, as defined by the person
- Expansion of Supervised Consumption Sites / harm reduction services to serve all people who use drugs
- Income supports that meet people's needs

THANK YOU! QUESTIONS, COMMENTS?



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