

# Toronto Overdose Action Plan

DRIE Toronto

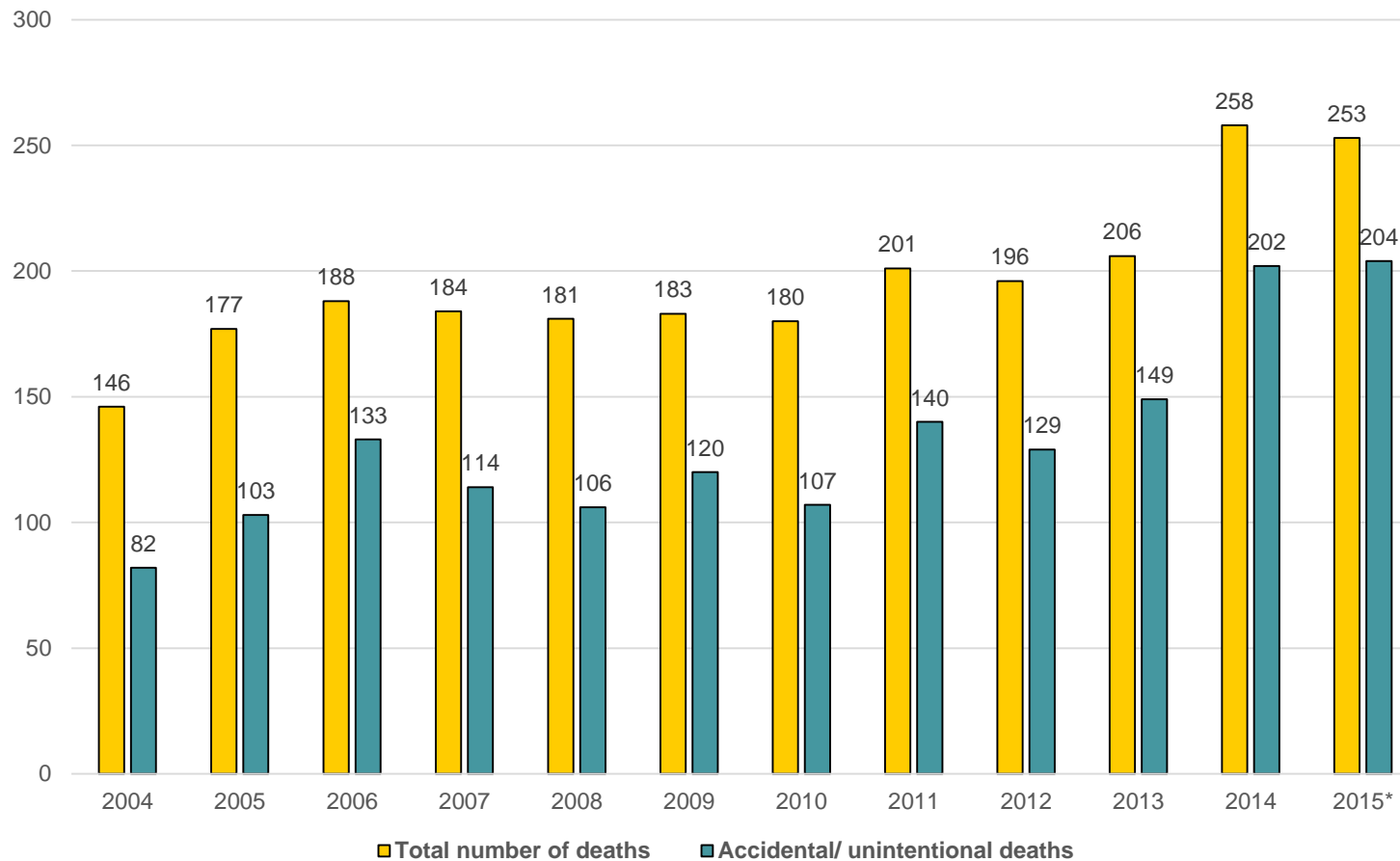
June 26, 2017



# Drug Overdose in Toronto

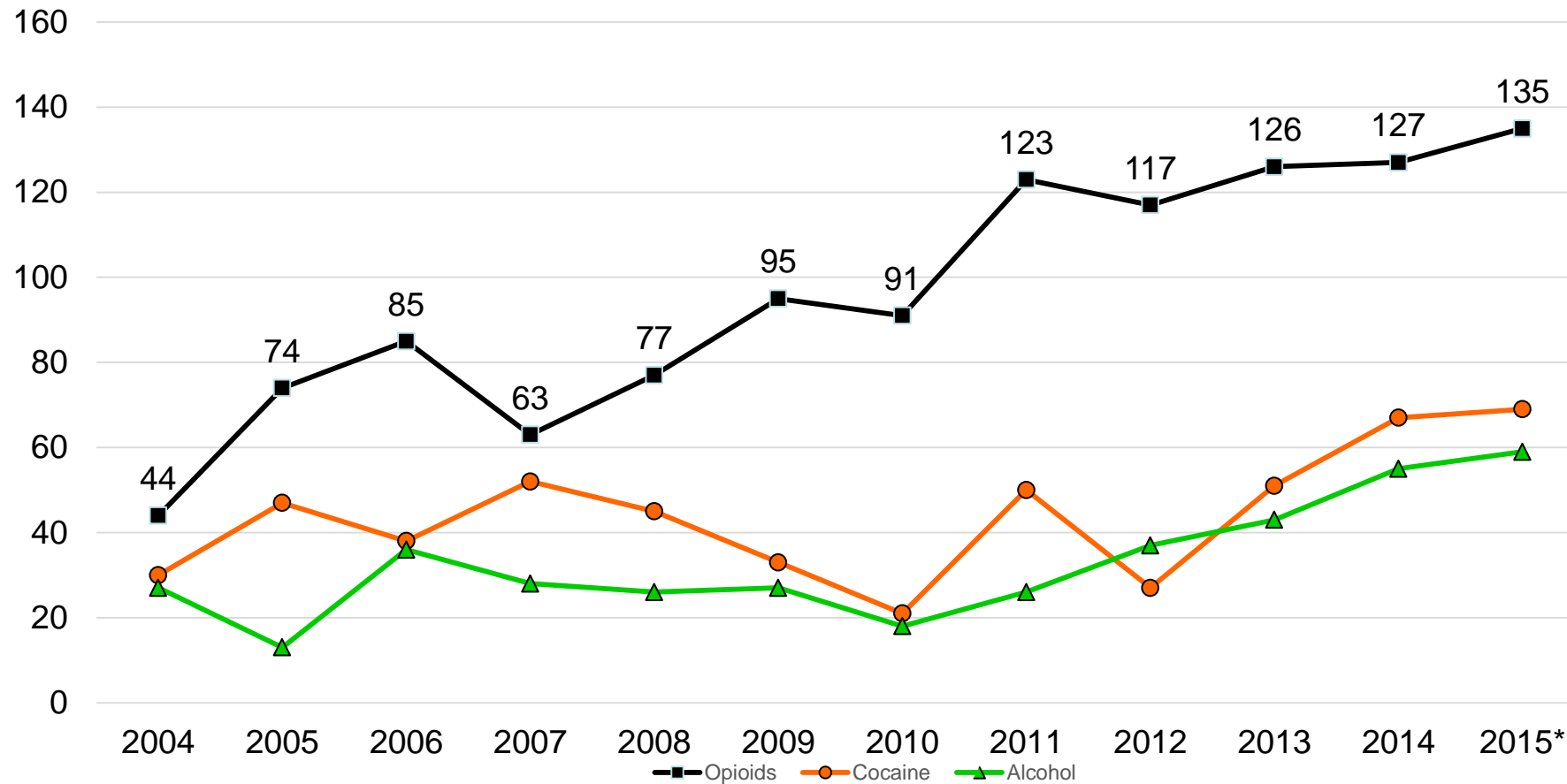
- People dying from drug overdose is an urgent public health issue in Toronto as it is in other communities.
- Between 2004 and 2015, there was a 73% increase in overdose deaths.
  - from 146 deaths in 2004 to 253 in 2015
- Of particular concern are the rising number of opioid-related deaths.

# Deaths in Toronto caused by alcohol and/or other drug toxicity, 2004-2015\*



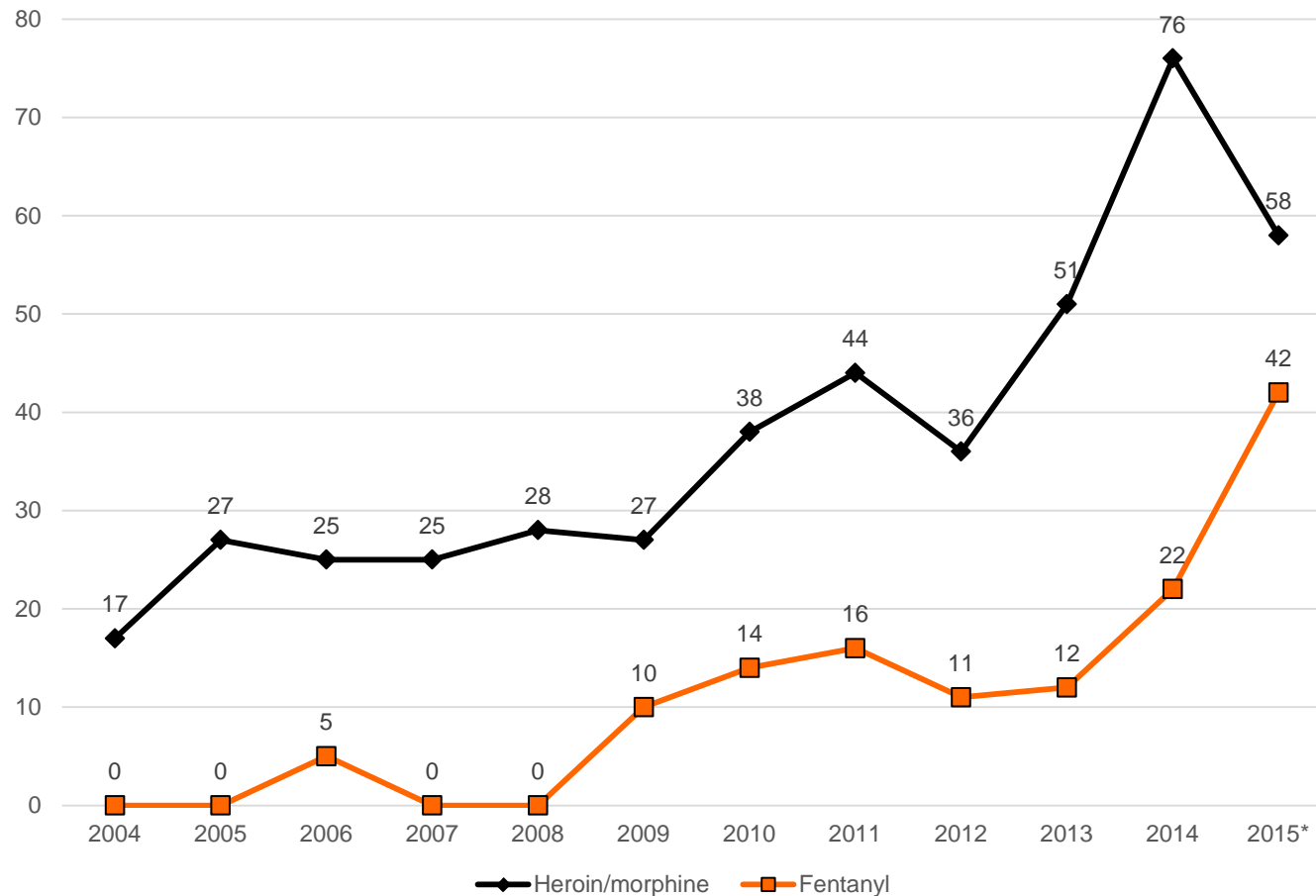
Source: Office of the Chief Coroner of Ontario, compilation and analysis by Toronto Public Health  
\*Note: Data from 2015 is preliminary only and subject to change.

# Accidental Deaths in Toronto Caused by Most Frequently Lethal Drug Types, Alone or in Combination



Source: Office of the Chief Coroner of Ontario, compilation and analysis by Toronto Public Health  
\*Note: Data from 2015 is preliminary only and subject to change.

# Accidental deaths in Toronto caused by heroin or morphine (may include heroin), with deaths caused by fentanyl, alone or in toxic combinations



Source: Office of the Chief Coroner of Ontario, compilation and analysis by Toronto Public Health

\*Note: Data from 2015 is preliminary only and subject to change.

# Background

December 2016:

- Board of Health asked Acting Medical Officer of Health to develop an overdose action plan

January/February 2017:

- Developed a draft action plan
- Four community forums
- Online survey

March 2017

- Board of Health adopted the Toronto Overdose Action Plan

# Toronto Overdose Action Plan: Prevention & Response

- The final Action Plan builds on the work already being done in the community and by governments.
- Key focus is on actions at the local level + actions for the provincial and federal governments.
- The Action Plan contains 10 broad strategies with targeted actions.

# #1 Comprehensive Overdose Plans

All governments should develop and implement a comprehensive, evidence-based overdose prevention and response plan.



*“This action plan is long overdue. We need to act quickly.”*

Consultation participant





# #1 Comprehensive Action Plans

- Action plan for all drugs with initial focus on opioids.
- Dedicated coordination role.
- Separate Indigenous-led process to develop plan for Indigenous communities.

## #2 Overdose Protocols + Naloxone

Services in the community should have an overdose prevention and response plans as part of their emergency first aid protocols, where appropriate.



*“Naloxone should be required as a first aid response.”*

Consultation participant

## #2 Overdose Protocols + Naloxone

- Expand naloxone distribution through community-based service sector.
- Overdose prevention & response training + policy/protocol development for municipal and community services.
- Increase funding to harm reduction services – no surge capacity.
- Overdose response in correctional facilities.

## #3 Emergency Medical Care

Address barriers to calling  
911 for medical assistance  
during an overdose.



*“People don’t want to call for help when police are involved.”*

Consultation participant

## #3 Emergency Medical Care

- Work with police and paramedics on options to reduce barriers to bystanders calling 911.
- Good Samaritan legislation.
- Awareness campaign for police and general public on Good Samaritan Law.

## #4 Supervised Injection Services

Supervised injection services should be available to provide a safe and hygienic place to inject drugs with onsite medical intervention in case of overdose.



*“Supervised injection services are incredibly important to reduce overdoses.”*

Consultation participant

## #5 Drug Checking Programs

Drug checking programs should be available to allow people to test illicit drugs for the presence of toxic contaminants, adulterants or unexpected drugs (e.g. bootleg fentanyl).



*“Uncertainty of dose is a major cause of overdose.”*

Consultation participant

## #6 Treatment On-Demand

Substance use treatment options should be available on-demand, and include a range of options to suit individual needs.



*“Different models are important, but so is individual choice.”*

Consultation participant



## #6 Treatment On-Demand

- Increase funding for treatment programs, including withdrawal management.
- Expand availability of opioid substitution treatment:
  - Enabling Nurse Practitioners to prescribe
  - Low threshold options
  - Comprehensive supports and services
- Ensure no one receiving OST is refused entry into other treatment programs.
- TPH is exploring feasibility of delivering diacetylmorphine or hydromorphone as OST.

## #7 Pharmaceutical Drug Access

Governments should identify and prevent potential adverse health consequences such as overdose before changing access to pharmaceutical drugs.



*“This crisis has been caused by short-sighted measures that restricted access to pharmaceutical opioids, leading people...to rely on the black market.”*

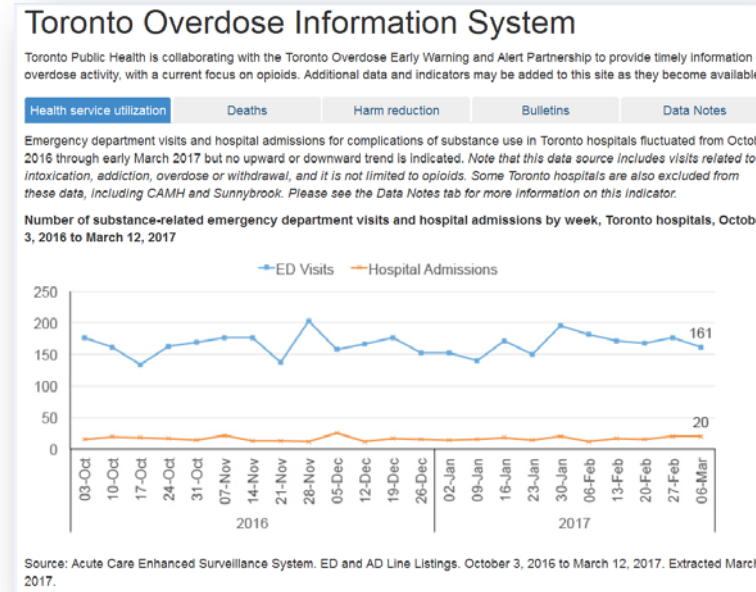
Consultation participant

## #7 Pharmaceutical Drug Access

- Consult with people who use drugs and other experts before making changes.
- Restrict pharmaceutical advertising to physicians.
- Require pharmaceutical manufacturers to contribute funding to overdose prevention and response initiatives.

# #8 Information About Overdose Incidents

All governments should have “real-time” overdose surveillance and monitoring systems in place.



*“Care should be taken...to ensure confidentiality and human rights are preserved, especially around privacy issues.”*

Consultation participant.

## #9 Social Factors

All governments should address systemic factors that can lead to overdose and other health harms related to substance use.



*“The state of housing right now is terrible and affects individuals in many aspects of their lives.”*

Consultation participant

## #10 A Public Health Approach to Drug Policy

Community dialogue is needed to determine what a public health approach to drug policy in Canada would look like.



*“Efforts to address stigma against people who use drugs will likely prove limited in the context of criminalization.”*

Consultation participant



# Thank you!

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