



City of Hamilton
BOARD OF HEALTH ADDENDUM

Meeting #: 18-008
Date: September 17, 2018
Time: 1:30 p.m.
Location: Council Chambers, Hamilton City Hall
71 Main Street West

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

	Pages
4. DELEGATION REQUESTS	
*4.1 Shannon Brent, McMaster Medical School Students, respecting Supervised Consumption Sites	3
11. GENERAL INFORMATION / OTHER BUSINESS	
*11.1 Correspondence from Iris M. Balodis, Assistant Professor, DeGroote School of Medicine, respecting funding for a knowledge translation project in the area of problem gambling, with the Peter Boris Centre for Addiction Research Recommendation: That the Medical Officer of Health be directed to accept the funding and enter into any related agreements with the Peter Boris Centre for Addiction Research.	32
*11.2 Correspondence from the City of Toronto, Board of Health, respecting "A Public Approach to Drug Policy" (Item HL28.2) Recommendation: Be received, with a report back from staff in Q1 2019	33
*11.3 Correspondence from the City of Toronto, Board of Health, respecting a Student Nutrition Program: Impact of Municipal Plan 2013-2018 (Item HL28.5) Recommendation: Be received.	36

- *11.4 Correspondence from the City of Toronto, Board of Health, respecting the Toronto Overdose Action Plan: Status Report 2018 (Item HL27.1) 38
Recommendation: Be received.
- *11.5 Correspondence from Henry Clarke, Chair, Board of Health, City of Peterborough, respecting the Ontario Basic Income Pilot Project 41
Recommendation: Be received.
- *11.6 Correspondence from Rene Lapierre, Chair, Board of Health for Public Health Sudbury and Districts, respecting the Ontario Basic Income Research Project and the Reduction in the Scheduled Social Assistance Rate Increase 43
Recommendation: Be received.
- *11.7 Correspondence from Scott Warnock, Chair, Board of Health, Simcoe Muskoka District Health Unit, respecting the Canadian Public Health Association 2017 Position Statement regarding the decriminalization of illicit psychoactive substances 45
Recommendation: Be received, with a report back from staff in Q1 2019

Form: Request to Speak to Committee of Council
Submitted on Monday, September 10, 2018 - 2:33 pm

4.1

==Committee Requested==
Committee: Board of Health

==Requestor Information==
Name of Individual: Shannon Brent

Name of Organization: McMaster Medical School Students

Contact Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address:

[REDACTED]

Reason(s) for delegation request: I am submitting this delegation request on behalf of several medical students from McMaster, including myself. I met with Councillor Green today and he invited us to submit a delegation request. We wish to address the Board of Health on the topic of Supervised Consumption Sites and overdose prevention in Hamilton. We have written a comprehensive report summarizing the state of the opioid crisis in Hamilton, as well as the life-saving and cost-effective impact of permanent supervised consumption sites as evidenced by these centres in Vancouver. We wish to present our findings to the Board of Health, advocate for the establishment of permanent Supervised Consumption Sites, and discuss next steps for the city of Hamilton in collaboration with the medical student community.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

September | 18

McMaster Medical School Municipal Lobby Day

Supervised Consumption and Overdose Prevention

PREPARED BY:

Danielle Arje
Holly Breton
Anthea Ho
Emma van Reekum
Ashley Warnock

EDITED BY:

Debbie Brace
Emma van Reekum

WITH THANKS TO:

Hamilton AIDS Network
Hamilton Urban Core Community Health Centre
Hamilton Public Health and Dr. Elizabeth Richardson
Hamilton Public Health, Healthy and Safe Communities Department
Shelter Health Network and Dr. Tim O'Shea
Canadian Medical Association
Aboriginal Health Centre and Dick Passmore

McMASTER MEDICAL STUDENT LOBBY DAY COMMITTEE

Danielle Arje
Debbie Brace
Shannon Brent
Holly Breton
Anthea Ho
Victoria Liu
Michael Parvizian
Emma van Reekum
Ashley Warnock

DEFINITIONS

Carfentanil: Opioid medication used by veterinarians for very large animals. It is not intended for human use and can be 100 times stronger than fentanyl and 10,000 times stronger than morphine. Carfentanil has been found in recreational drugs.

Fentanyl: Opioid medication, that is similar to morphine and codeine, but can be up to 100 times stronger than morphine. It is most often prescribed as a slow-release patch to people with chronic, severe pain. Most illegal fentanyl is produced as a powder and can be mixed into other recreational drugs, such as heroin or cocaine.

Harm Reduction: A strategy aimed at reducing the negative consequences and sequelae associated with drug use and risky behaviours. It is a philosophy built on social justice and advocates for the rights of people who use drugs.

Opioid Agonist Treatment: An effective treatment for addiction to opioid drugs. Medications, such as methadone or buprenorphine (Suboxone), are taken to prevent withdrawal symptoms and reduce cravings for opioid drugs. These drugs are long-acting opioids which allows them to prevent withdrawal for 24-36 hours without causing the drug related high.

OPS: Overdose Prevention Site: a temporary site where people can come and use drugs under medical supervision. These sites require federal exemptions so that drug users and employees are not criminalized. These sites are generally provincially funded by the Ministry of Health and Long Term Care, and function under renewable 3 or 6 month contracts.

Naloxone: A medication that can temporarily reverse the effects of an opioid overdose. It was made freely available in pharmacies, community organizations and provincial correctional facilities in 2016. Naloxone can be taken either as a nasal spray or as an injectable.

Narcan: Trade name for Naloxone.

SIS: Supervised Injection Site: a permanent site where people can use drugs, specifically injectables, under medical supervision. These sites require federal exemptions so that drug users and employees are not criminalized. SISs are generally provincially funded by the Ministry of Health and Long Term Care.

SCS: Supervised Consumption Site: a permanent site where people can use any desired drug. Special ventilation is required if people are smoking drugs. These sites require federal exemptions so that drug users and employees are not criminalized. SCSs are generally provincially funded by the Ministry of Health and Long Term Care.

LINKS

The AIDS Network

<https://www.aidsnetwork.ca/>

140 King St. E., Suite 101
Hamilton, ON L8N 1B2
905-528-0854

Hamilton Street Health Clinics

<https://www.hamilton.ca/public-health/clinics-services/street-health-clinics>

The Wesley Centre

195 Ferguson Avenue North
Hamilton, ON L8L 8J1
905-777-7852

Notre Dame House

14 Cannon Street West
Hamilton, ON L8R 2B3
905-308-8090

Hamilton Opioid Information System

<https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>

Overdose Prevention Site (OPS)

http://shelterhealthnetwork.ca/?page_id=983

Hamilton Urban Core Community Health Centre

71 Rebecca Street
Hamilton, ON L8R 1B6

Overdose Prevention Site FAQs: <http://shelterhealthnetwork.ca/wp-content/uploads/2018/04/Overdose-Prevention-Sites-FAQ.pdf>

“We know that we have to address this. This is getting to be more and more of a problem. We have always put this at the top of our preoccupations as we deal with this public health crisis here in Hamilton and right across the country” – Justin Trudeau

INTRODUCTION TO THE OPIOID CRISIS

The term '**opioid**' refers to substances derived either naturally or synthetically from the opium poppy.¹ Opioids are commonly prescribed as a medication for **pain relief**; producing their analgesic properties by binding to, and inhibiting opioid receptors in the body. The binding of exogenous opioids leads to the release of endogenous opioids, and a dramatic, effectual pain-relieving outcome. Indeed, they are our most powerful tool for mitigating pain. Besides pain control, opioids are implemented for use in anesthesia, as well as in the management of common ailments, such as cough and diarrhea.¹

Canadian physicians use and prescribe many types of medications in the opioid class, such as: codeine, fentanyl, morphine, oxycodone, hydromorphone, and medical heroin.² Opioids can also be **accessed illegally**, often in the form of either fentanyl (and its derivatives) or heroin. A common, or desired, side effect of opioids is '**euphoria**', an intensely powerful feeling that can contribute to its **problematic use and/or addiction**.²

Opioid use is widespread in Canada; in 2012, **1 in every 6 Canadians used opioids**.³ Recently, however, Canada and other countries have seen a dramatic, serious **rise** in illicit and prescribed opioid use, as well as opioid-related harms. Indeed, there was a **30% increase in hospitalizations** due to opioid intoxication over the last decade⁴ and a devastating **45% increase in deaths** (up to almost 3000 deaths in 2017), since 2016.⁵ In 2017, the national death rate was 10.6 per 100,000, with Ontario being the second-most impacted province (See figure 1). These observations are often colloquially referred to as '**the opioid crisis**'; a term that captures the severity of the present opioid climate in Canada.⁶

Unfortunately, problematic opioid use and opioid dependence are associated with a myriad of other harms beyond overdose and mortality, including: increased transmission of disease such as **HIV and Hepatitis C**,⁷ **risky behaviour** (e.g., driving under influence),⁸ **economic burden**,^{9,10} **comorbid mental disorders**,¹¹ and impaired **social functioning**.¹² The harms of opioids use are numerous, and **bidirectional** in nature. Opioids can negatively impact a person in all areas of functioning and contribute to their vulnerability and marginalization in society. Conversely, a person's vulnerability and marginalization may contribute to their opioid use and addiction.¹³

Fortunately, effective prevention, harm reduction, and treatment tools exist for those with opioid use problems. **OAT** is the most efficacious treatment approach for opioid addiction.¹⁴ In OAT, long-acting opioid agonists, such as methadone or buprenorphine are administered to mitigate withdrawal and craving and allow the affected individual to avoid harms associated with illicit opioids such as communicable disease and relational distress.¹⁴ The benefits of OAT are well

established in the literature, including: **reduced criminality**,¹⁵ **mortality**,¹⁶ and **illicit opioid use**,¹⁷ as well as improved **quality of life**.¹⁸

The need, and desire for treatment is great; in fact, the number of Ontarians receiving OAT increased from 6000 to 40,000 between the years 2000 and 2016.¹⁹ Despite available evidenced-based management options, and a considerable number of Canadians in need, **stigma and fear remain rampant in Canadian society**. These negative perceptions of substance use/abuse and its treatment have allowed for underdeveloped and underfunded treatment programmes, and as a result, a **climate of suffering** for vulnerable Canadians, to pervade our country.¹⁹

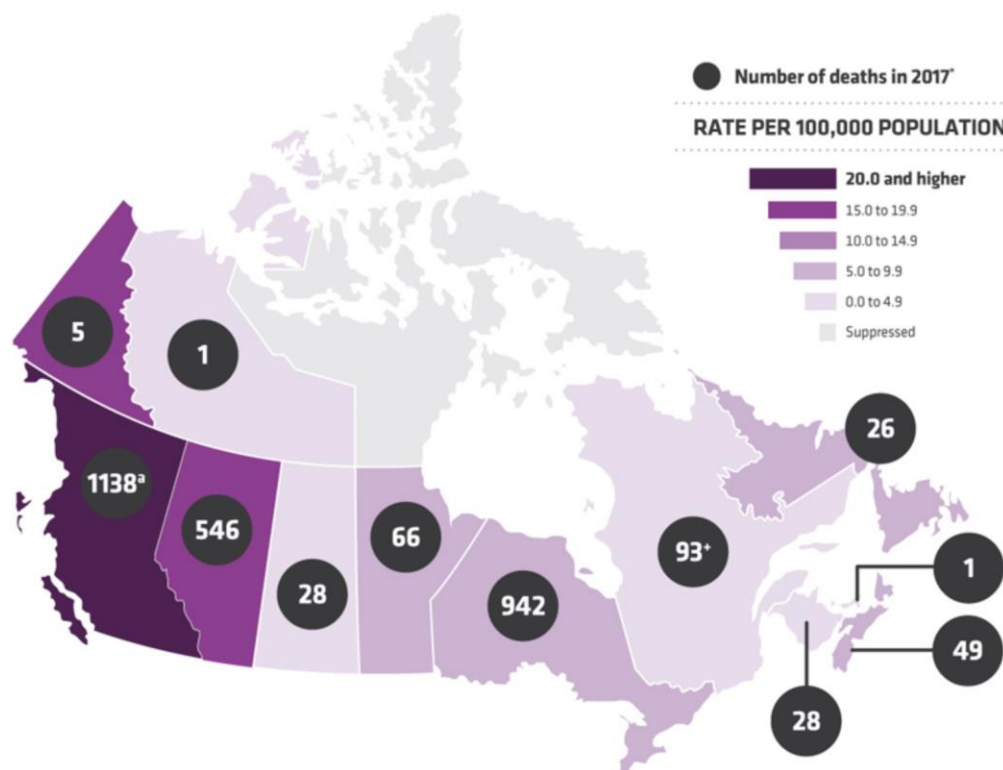


Figure 1. Opioid related deaths across Canada in 2017⁵

OPIOID USE IN HAMILTON

Hamilton is not immune to the repercussions of opioid over-prescribing and use. According to the CBC, opioid-related emergency department visits have been rising dramatically in Hamilton since 2003.²⁰ Indeed, paramedic involvement spiked in 2017, averaging **37 opioid-related events** that required paramedics per month.²¹ Remarkably, the majority of these events took place in just two neighbourhoods (see Figure 2). Specifically, ward 2 (the **Downtown area**) and ward 3 (**Hamilton Centre**) were responsible for 38.6% and 25.8% of paramedic incidents, respectively.²¹ This finding is concerning given that the downtown area is Hamilton's smallest ward, comprising just 7.3% of the total population²², while Hamilton's centre is just 7.5% of the total population.²³ Furthermore, in 2017 there was an average of **42 emergency department visits** and **10 hospitalizations** per month related to opioid use in Hamilton.²⁴

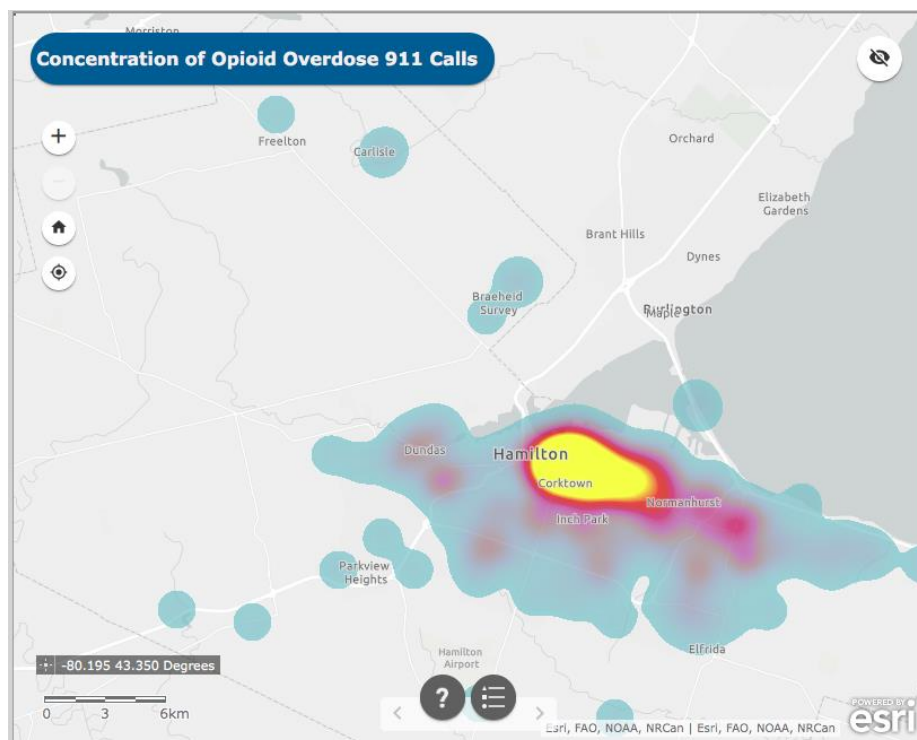


Figure 2: Heat Map Showing Concentration of Opioid Overdose 911 Calls in Hamilton.²¹

Furthermore, the data also shows that Hamilton has been **more severely impacted** by the opioid crisis than other regions in Ontario. In 2017, Hamilton experienced **87 opioid-related deaths**; a rate **72% greater** than the provincial average (see Figure 3).²⁵

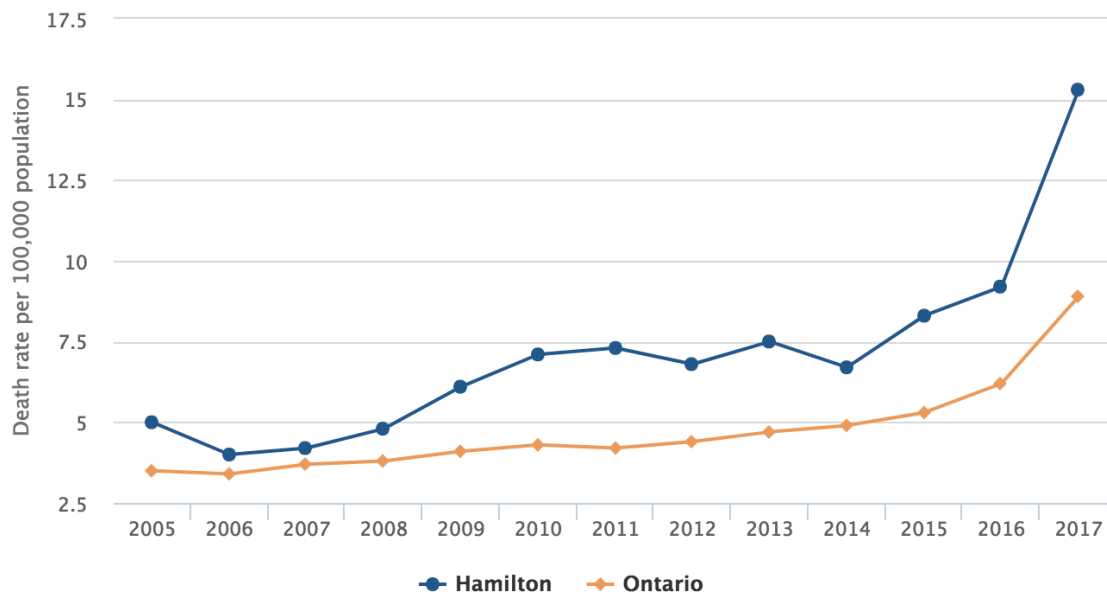


Figure 3 Opioid Related Death Rates in Hamilton and Ontario 2005-2017.²⁵

Further exacerbating the opioid crisis is the increasing amount of potent, illicit opioids pervading Hamilton. Since 2016, the City of Hamilton has warned the public of multiple **accidental overdoses** occurring due to recreational drugs, such as cocaine and heroine, being **laced** with opioids (e.g., carfentanil, methamphetamine). Most recently, alerts have been issued for “blue” and “purple” heroine; which is heroine that has been laced with fentanyl.²⁶ Fentanyl, a substance **50-100 times more potent** than morphine, has the potential to increase risk of overdose and death when laced with other street drugs.²⁷ Indeed, 72% of opioid-related deaths in Canada involved fentanyl or fentanyl analogues in 2017.²⁸

In sum, Hamilton is experiencing an **opioid crisis**. Rates of hospitalizations and overdoses are at an all-time high and are significantly higher than the provincial average. It is imperative that **action be taken** in order to reduce the harm of opioid use in the city.

EVIDENCE BASED SUPERVISED INJECTION

The first legally sanctioned SIS, '**Insite**', opened in Vancouver in 2003 as a pilot project, which aimed to tackle the rising health consequences of opioid overdoses and injection drug use.²⁹ In Canada, SISs and SCSs fall under **federal jurisdiction**. Accordingly, the federal Minister of Health granted Insite a temporary legal exemption to protect both the clients and the staff from any criminal charges associated with illicit drug use. The exemption was grounded on Section 56 of the Controlled Drugs and Substances Act, which allows the Federal Minister of Health to provide an exemption to Canada's illicit drug laws for a specific medical or scientific purpose. Thus, Insite was opened under the condition that it operate as a scientific pilot and be continuously evaluated.²⁹

Despite its legal backbone, Insite provoked **political and legal backlash** across Canada. For instance, the newly elected 2006 Conservative federal government threatened to repeal Insite's legal exemption.²⁹ The Conservative government argued that the harms of injection outweighed the possible benefits and that the site would bolster addictive behaviour and undermine proper treatment. This threat was succeeded by the 2011 landmark **Supreme Court of Canada** (SCC) ruling, which ordered the federal Minister of Health to extend the Insite's exemption. The ruling was grounded upon the SCC's belief that Insite provided a **life-preserving service** that promotes public health and does not increase public disorder.²⁹

Since the inaugural SIS opening, many cities across Canada have applied for exemptions from the Controlled Drugs and Substances Act. The application process, however, was deemed arduous, providing a barrier to many cities who applied for a SIS exemption. As such, Bill C-37 was passed in 2017 to reduce the application burden and improve access to SISs in Canada. In addition, Health Canada recently began to provide **temporary class exemptions** to provinces and territories for OPSs. These temporary sites that are approved by the province to address urgent societal requirements, such as providing harm reduction supplies and supervised injection.²⁹

Best Practices in Harm Reduction Techniques Tackling the Opioid Crisis

Vancouver pioneered the practice of **harm reduction** in an effort to mitigate their provincial opioid overdose crisis. The province opened Insite in 2003, the first legally sanctioned SIS in North America.²⁹

About SISs

SISs are legally sanctioned environments where people who inject drugs (PWID) are able to use pre-obtained drugs in a medically supervised and hygienic fashion.³⁰ These sites provide a host of **support** to their clients, including: safe and clean instruments and substances, as well as access to trained healthcare professionals, allied service providers, and peer support. Clients are able to use the sites whenever

necessary without the risk of criminal involvement for illicit drug possession and use. Research has shown that those who attend SISs are typically the most socially marginalized members of the PWID community (i.e., homeless or housing insecure) and are more likely to engage in high-risk behaviours, such as frequent episodes of overdose and daily drug injection.³⁰ As such, SISs target one of **Canada's most vulnerable**, and often difficult to reach, populations.

Benefits of Supervised Consumption Sites

Since the founding of Insite, there has been a large amount of research conducted evaluating the effectiveness of SISs. Evidence suggests benefits including: (1) **decreased morbidity and mortality**; (2) **cost benefit and cost effectiveness**; (3) **reduced public nuisances**; and (4) **access to addiction treatment/program**.

1. Decreased morbidity and mortality

A systematic review of 75 peer-reviewed journal articles on SISs found no report of any overdose-related death within a SIS.³⁰ A study of Insite showed a **35% reduction** in the number of lethal opioid overdoses within 500 meters of the SIS compared to the rest of Vancouver.³¹ It has been estimated that between **2 to 12 cases of fatal overdoses are avoided** each year due to SISs.³¹

SISs have also been shown to reduce the risks associated with injection drug use. For instance, those who use SISs are **70% less likely to share used syringes**³², thereby **reducing HIV** transmission.^{33,34} Additionally, SIS attendance is associated with more hygienic drug practices (e.g., safe disposal of syringes, better care for injected-related infections)^{35,36}, and safer sexual practices.³²

2. Cost benefit/ cost effectiveness

According to cost-efficacy studies, SISs in Canada are projected to **save the healthcare \$14 million** over 10 years³³ and prevent 1191 new HIV infections and 54 new hepatitis C infections.³⁴ Based on 2007 costs, Vancouver's Insite was shown to **prevent 3 deaths and 35 new cases of HIV**. After the Insite program costs were covered, an annual \$6 million benefit and an average benefit-cost ratio of 5.12:1 was found.³⁷

3. Reduced Public Nuisances

In Vancouver, SISs have also shown to **decrease injections in public** places, and reduce the amount of used syringes/other garbage discarded in public.³⁸⁻⁴⁰

4. Access to addiction treatment/program

Wood et al.,³⁸ found that 57% of those who attended Insite eventually entered into an addiction treatment program, with **23% of users able to cease** their injection drug use.

CURRENT HAMILTON RESOURCES

In recent years, the state of the opioid crisis in Hamilton has prompted **urgent implementation** of municipal and provincial initiatives aimed at reducing morbidity and mortality related to opioid use. The focus has been on strategies that address the '**Four Pillars**' harm reduction model that was developed in Vancouver:⁴¹

- *Prevention*: Prevent and/or delay the harmful effects of substance use
- *Treatment*: Improve health with effective treatment options
- *Harm reduction*: Reduce the harmful consequences associated with drug use
- *Enforcement*: Improve coordination with health services to link individuals to help and support

Integrated services that are currently available in Hamilton aim to offer individuals centralized access to harm reduction services, mental health services, health services, drugs and addictions services, and social services.

Fixed Needle Exchange Sites

Needle and syringe exchange programs are **harm reduction** initiatives that provide clean needles and associated materials to people who inject drugs, as well as collect used needles to be safely disposed of. As mentioned, access to clean needles is an **important component** of opioid misuse management.^{33,34} In 2016, approximately **1.2 million clean needles** were distributed through Hamilton's Needle and Syringe Program, and over **730,000 used needles were collected**. The number of needles distributed per year has doubled since 2012.⁴²

Hamilton's **AIDS Network Needle and Syringe Program** is a local charitable organization that is active in HIV/AIDS prevention, education, and support. The program operates Monday–Friday, from 9 am–5 pm. The organization provides confidential, free education and harm reduction materials, aimed at promoting safer drug use and safer sex. Individuals who visit this location are able to access clean equipment such as: syringes, sterile water, alcohol swabs, safe inhalation kits, condoms, and dental dams. Referral services are also provided to connect individuals to other community services (e.g., addiction treatment, housing).⁴³

Other fixed needle exchange sites currently operating in Hamilton include the **Elizabeth Fry Society** (for women only), **Hamilton Urban Core Community Health Centre**, and **Alcohol Drugs and Gambling Public Health Services**.^{44,45}

Mobile Needle Exchange Services

The AIDS Network also operates a **mobile van** that distributes clean drug supplies and collects used needles for safe disposal. **The van** strives to increase access to harm reduction services by operating during evening hours and providing outreach

to those unable to travel to established needle exchange sites. The van hours are: Monday to Sunday, from 7—11pm. The van is entirely confidential and can be contacted by phone or text message to arrange a meeting.⁴³

Hamilton Overdose Prevention & Education (HOPE)

The **HOPE Program** began in 2014, with the goal of delivering **free naloxone kits** to Hamiltonians. The program also **educates the public** on how to recognize the signs of overdose, and how to use drugs and administer naloxone safely. Naloxone kits can be picked up at various locations within the city, such as the Wesley Street Health Centre, The AIDS Network, the Urban Core Community Health Centre, City of Hamilton Sexual Health Clinics, The Van, and various pharmacies throughout the city.⁴⁶

In 2016, **462 naloxone kits** were distributed through HOPE. It is estimated that this resulted in **192 life-saving events**. So far in 2018, 1495 kits have been distributed, resulting in approximately **363 lives saved** (see Figure 4).⁴⁶

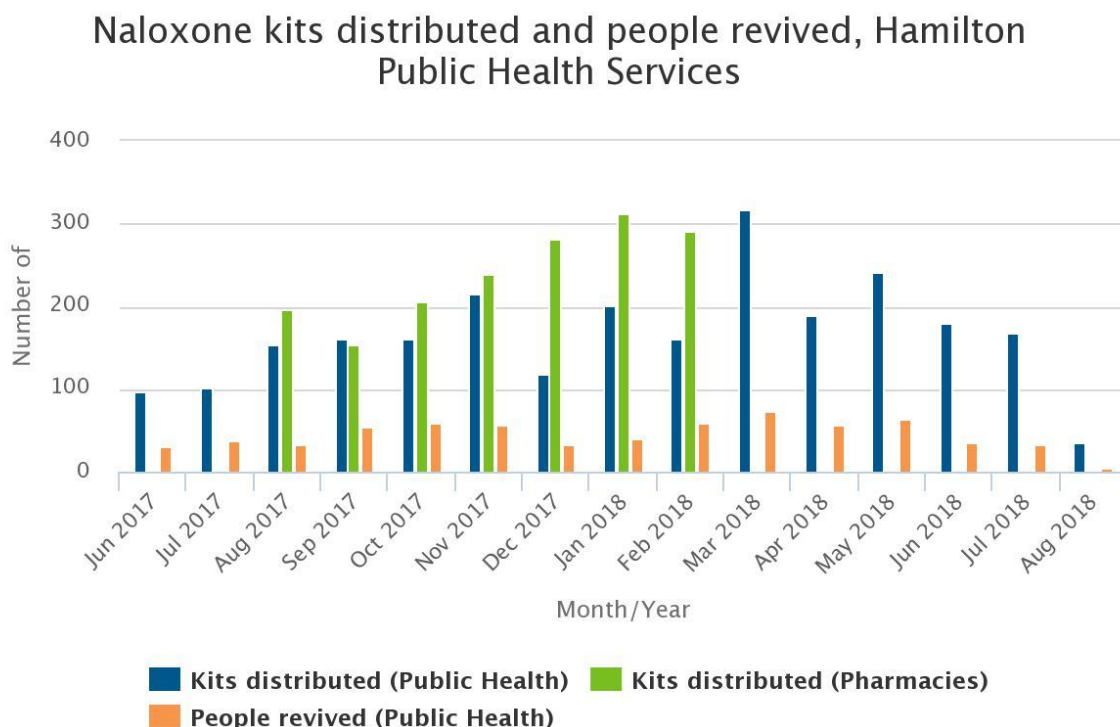


Figure 4: Naloxone kits distributed across Hamilton June 2017-August 2018 .⁴⁶

Street Health Clinics

The City of Hamilton operates **Street Health Clinics** that provide **free medical services** (e.g., sexually transmitted disease tests, vaccinations, pregnancy testing, addictions counseling) and access to needle exchange and naloxone kits. Formal appointments and health cars are not required. Street Health Clinics are currently

operating at the Wesley Centre (Mondays, Wednesdays, and Fridays; 9 am–1 pm) and Notre Dame House (Tuesdays, 3:30—5:30pm).⁴⁷

Hamilton Opioid Information System – Opioid Surveillance and Monitoring

Hamilton Public Health Services collaborates with Hamilton Paramedic Services, Hamilton Health Sciences, St. Joseph’s Healthcare Hamilton, and community partners to collect and disseminate **opioid-related information** to the public. Information regarding naloxone distribution, opioid overdoses, opioid-related deaths, and emergency department visits and hospital admissions, can be found online.²⁶

Overdose Prevention Sites (OPS)

In December 2017, the City of Hamilton Public Health Services conducted a needs assessment and feasibility study on SISs in Hamilton and concluded that Hamilton would benefit from **additional strategies to decrease death and disability** due to injection drug use.⁴⁸

Hamilton’s first **temporary OPS** opened on June 5, 2018 at the **Urban Core Community Centre** at 71 Rebecca St. The site was developed in collaboration with Urban Core and Hamilton’s Shelter Health Network. Sufficient funding was provided by the Ministry of Health and Long-Term Care to keep the site open until **November 30, 2018**. The site is appropriately located near Wards 2 and 3: the **most high-risk zones** for opioid-related harms.¹⁹ The OPS operates on Tuesdays and Thursdays from 8—11pm, and on Mondays, Wednesdays, Fridays, and weekends, from 6—11pm. Those who use the OPS can access a volunteer physician, nurse, and support staff. Within the **first two months**, at least **400 clients** have attended the OPS.⁴⁸

As of August 2018, **De dwa da dehs nye>s Aboriginal Health Centre** has submitted an application to Health Canada to open a **permanent site in Hamilton**; the open application is still under review.⁴⁹ Urban Core and Wesley Urban Ministries have also expressed interest in supporting a permanent site.

OUR ASK

Our ask is that the **Hamilton City Council publically reaffirm their commitment to the operation of a permanent supervised consumption site in the downtown Hamilton core. We ask that Councilors sign an open letter citing their support of a permanent supervised consumption site to Premier Doug Ford and Health Minister Christine Elliott.**

In June of 2018, the Province of Ontario elected a **Conservative majority**, led by Premier **Doug Ford**. Ford has publicly stated that he does not support SISs.⁵⁰ In July of 2018, the newly elected **Health Minister Christine Elliott** stated that she will review the evidence to determine if SISs “**have merit**”.⁵¹ As mentioned throughout our backgrounder, there is **considerable evidence to support harm reduction strategies** in mitigating **negative outcomes of the opioid crisis**. Although a proclamation on the state of SISs in the province of Ontario has yet to be released, we fear that evidenced-based harm reduction strategies like SISs will **lose government support/funding**, given the current political climate.

We recognize that support of SISs is a **controversial** matter, and one that often elicits public polarity. We hope that you will recognize the **danger** that the **people of Hamilton** face due to the opioid crisis and consider the **strong evidence in support of SISs** to mitigate those harms. As **future physicians in Ontario**, we believe **strongly** that **Hamilton cannot afford to lose this important healthcare service**.

REFERENCES

1. Trevor AJ, Katzung BG, Kruidering-Hall M, ed. *Katzung & Trevor's Pharmacology: Examination & Board Review, 11e*. New York, NY: McGraw-Hill;2015. <http://accessmedicine.mhmedical.com.libaccess.lib.mcmaster.ca/content.aspx?bookid=1568§ionid=95702914>. Accessed August 13, 2018.
2. About Opioids. Government of Canada. <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/about.html>. Updated August 13, 2018. Accessed August 13, 2018.
3. Canadian Alcohol and Drug Use Monitoring Survey. Government of Canada. <https://www.canada.ca/en/health-canada/services/health-concerns/drug-prevention-treatment/drug-alcohol-use-statistics/canadian-alcohol-drug-use-monitoring-survey-summary-results-2012.html#s4>. Updated April 8, 2014. Accessed April 24, 2018.
4. Prescription Opioids. Canadian Centre on Substance Use and Addiction. <http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2017-en.pdf>. Updated September 2017. Accessed April 24, 2018.
5. National report: Apparent opioid-related deaths in Canada (released March 2018). Government of Canada. <https://www.canada.ca/en/public-health/services/publications/healthy-living/national-report-apparent-opioid-related-deaths-released-march-2018.html>. Updated March 27, 2018. Accessed April 24, 2018.
6. Joint Statement of Action to Address the Opioid Crisis. Government of Canada. https://www.canada.ca/en/health-canada/services/substance-abuse/opioid-conference/joint-statement-action-address-opioid-crisis.html?_ga=1.164248696.693163562.1476301565. Updated November 19, 2016. Accessed April 24, 2018.
7. Dugosh K, Abraham A, Seymour B, McLoyd K, Chalk M, Festinger D. A Systematic Review on the Use of Psychosocial Interventions in Conjunction With Medications for the Treatment of Opioid Addiction. *J Addict Med*. 2016;10(2):91-101.
8. Asbridge M, Cartwright J, Langille D. Driving under the influence of opioids among high school students in Atlantic Canada: Prevalence, correlates, and the role of medical versus recreational consumption. *Accid Anal Prev*. 2015;75:184-191.

9. Baser O, Xie L, Mardekian J, Schaaf D, Wang L, Joshi AV. Prevalence of diagnosed opioid abuse and its economic burden in the veterans health administration. *Pain Pract.* 2014;14(5):437-445.
10. Wall R, Rehm J, Fischer B, Brands B, Gliksman L, Stewart J, et al. Social costs of untreated opioid dependence. *J Urban Health.* 2000;77(4):688-722.
11. Gros DF, Milanak ME, Brady KT, Back SE. Frequency and severity of comorbid mood and anxiety disorders in prescription opioid dependence. *Am J Addict.* 2013;22(3):261-265.
12. von Hippel C, Henry JD, Terett G, Mercuri K, McAlear K, Rendell PG. Stereotype threat and social function in opioid substitution therapy patients. *Br J Clin Psychol.* 2017;56(2):160-171.
13. Kreek MJ. Extreme marginalization: addiction and other mental health disorders, stigma, and imprisonment. *Ann N Y Acad Sci.* 2013;1231:65-72.
14. Schuckit MA. Treatment of Opioid-Use Disorders. *NEJM.* 2016;375:357-368.
15. Marsch LA. The efficacy of methadone maintenance interventions in reducing illicit opiate use, HIV risk behaviour and criminality: A meta-analysis. *Addiction.* 1998;93(4):515-532.
16. Fullerton CA, Kim M, Thomas CP, Lyman DR, Montejano LB, Dougherty RH, et al. Medication-assisted treatment with methadone: Assessing the evidence. *Psychiatr Serv.* 2014;65(2):146-157.
17. Mattick RP, Breen C, Kimber J, Davoli M. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database Syst Rev.* 2009;8(3).
18. Dazord A, Mino A, Page D, Broers B. Patients on methadone maintenance treatment in Geneva. *Eur Psychiatry.* 1998;13:235-241.
19. Morin KA, Eibl JK, Franklyn AM, Marsh DC. The opioid crisis: past, present and future policy climate in Ontario, Canada. *Subst Abuse Treat Prev Policy.* 2017;12:45-51.
20. Carter, A. Opioid emergency room visits in Hamilton at highest level in 14 years. *CBC News.* July 6, 2017. <https://www.cbc.ca/news/canada/hamilton/opioids-1.4193444>. Accessed August 7, 2018.

21. Hamilton Opioid Information System - Opioid Overdoses. Hamilton Public Health. Hamilton Public Health. <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system-opioid-overdoses>. July 27, 2017. Accessed August 7, 2018.
22. City of Hamilton Ward Profiles: Ward Two. City of Hamilton. Planning and Economic Development Department. <https://d3fpllf1m7bbt3.cloudfront.net/sites/default/files/media/browser/2015-06-01/ward-profiles-2011-ward-2.pdf>. 2011. Accessed August 7, 2018
23. City of Hamilton Ward Profiles: Ward Three. City of Hamilton. Planning and Economic Development Department. <https://d3fpllf1m7bbt3.cloudfront.net/sites/default/files/media/browser/2015-06-01/ward-profiles-2011-ward-3.pdf>. 2011. Accessed August 7, 2018.
24. Hamilton Opioid Information System – Emergency Department Visits and Hospital Admissions. Hamilton Public Health. <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system-emergency-department-visits-and-hospital>. August 23, 2018. Accessed September 1, 2018.
25. Hamilton Opioid Information System - Deaths. Hamilton Public Health. <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system-deaths>. July 27, 2017. Accessed August 7, 2018.
26. Hamilton Opioid Information System. Hamilton Public Health. <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>. February 24, 2017. Accessed August 7, 2018.
27. Edinboro, L. E., Poklis, A., Trautman, D., Lowry, S., Backer, R., & Harvey, C. M. Fatal fentanyl intoxication following excessive transdermal application. *Journal of Forensic Science*. 1997;42(4): 741-743.
28. Apparent opioid-related deaths. Government of Canada. <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/apparent-opioid-related-deaths.html>. August 13, 2018. Accessed August 7, 2018.
29. Kerr, T. Mitra, S. Kennedy, MC. McNeil, R. Supervised Injection Facilities in Canada: Past, Present, and Future. *Harm Red J*. 2017;14(1).
30. Potier, C. Lapr evote, V. Dubois-Arber, F. Cottencin, O. Rolland, B. Supervised Consumption Services: what has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*. 2014; 145: 48–68.

31. Marshall B.DL, Milloy MJ, Wood E, Montaner JSG, Kerr T. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet*. 2011; 377:1429–37.
32. Kerr T, Oleson M, Tyndall M, W, Montaner J, Wood E. A description of a peer-run supervised injection site for injection drug users. *J Urban Health*. 2005; 82:267–75.
33. Bayoumi A. M., Zaric G. S. The cost-effectiveness of Vancouver's supervised injection facility. *Can Med Assoc J*. 2008;179:1143–51.
34. Pinkerton S. D. How many HIV infections are prevented by Vancouver Canada's supervised injection facility? *Int J Drug Policy*. 2011;22:179–83.
35. Wood E, Tyndall MW, Zhang R, Montaner JS, Kerr T. Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*. 2007;102(6):916–9.
36. Small W, Wood E, Lloyd-Smith E, Tyndall M, Kerr T. Accessing care for injection-related infections through a medically supervised injecting facility: a qualitative study. *Drug Alcohol Depend*. 2008;98:159–62.
37. Andresen MA, Boyd N. A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *Int J Drug Policy*. 2010; 21:70–6.
38. Wood E, Kerr T, Montaner JS, Strathdee SA, Wodak A., Hankins CA, Schechter MT, Tyndall MW. Rationale for evaluating North America's first medically supervised safer-injecting facility. *Lancet Infect Dis*. 2004;4(5):301–6.
39. Petrar S, Kerr T, Tyndall MW, Zhang R, Montaner JSG, Wood E. Injection drug users' perceptions regarding use of a medically supervised safer injecting facility. *Addict Behav*. 2007; 32:1088–93
40. Stoltz JA, Wood E, Small W, Li K., Tyndall M., Montaner J, Kerr T. Changes in injecting practices associated with the use of a medically supervised safer injection facility. *J Public Health (Oxf)*. 2007; 29(1): 35–9
41. Four Pillars drug strategy. City of Vancouver. <https://vancouver.ca/people-programs/four-pillars-drug-strategy.aspx>. 2018. Accessed September 2, 2018.
42. Hamilton supervised injection site: Needs assessment & feasibility study. Hamilton, ON. City of Hamilton. <https://www.hamilton.ca/city-initiatives/strategies-actions/supervised-injection-site-needs-assessment-feasibility-study>. December 2017. Accessed August 7, 2018.

43. The AIDS Network. The AIDS Network: Hamilton, Halton, Haldimand, Norfolk and Brant. <https://www.aidsnetwork.ca/>. Accessed September 1, 2018.
44. Elizabeth Fry Society – Southern Ontario Region. Elizabeth Fry Society. <https://www.efrysouthernontarioregion.org/>. Accessed September 1, 2018.
45. Hamilton Urban Core Community Health Center. Hamilton Urban Core. <http://www.hucchc.com/>. Accessed September 1, 2018.
46. Hamilton Opioid Information System – Naloxone. Hamilton Public Health. <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system-naloxone>. August 23, 2018. Accessed September 1, 2018.
47. Clinics & Services. City of Hamilton. <https://www.hamilton.ca/public-health/clinics-services>. Accessed September 1, 2018.
48. Hamilton Urban Core/Shelter Health Overdose Prevention Site. Shelter Health Network. http://shelterhealthnetwork.ca/?page_id=983. Accessed September 1, 2018.
49. Supervised consumption sites: Status of application. Government of Canada. <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html>. August 29, 2018. Accessed September 2, 2018.
50. Doug Ford says he’s “dead against” supervised injection sites. *CBC News*. <https://www.cbc.ca/news/canada/windsor/doug-ford-says-he-s-dead-against-supervised-injection-sites-1.4628547>. April 20, 2018. Accessed September 1, 2018.
51. Ontario to review safe injection, overdose prevention sites, health minister says. *CBC News*. <https://www.cbc.ca/news/canada/toronto/ontario-safe-injection-sites-limbo-1.4760002>. July 24, 2018. Accessed September 1, 2018.

McMaster Medical Student Lobby Day: Supervised Consumption and Overdose Prevention

Opioids are substances derived either naturally or synthetically from the opium poppy. They are commonly prescribed as a medication for pain control, and produce their analgesic properties by eliciting a powerful feeling of euphoria. Examples of opioids include codeine, fentanyl, morphine, oxycodone, hydromorphone, and heroin.

Opioid use is widespread in Canada; in 2012, 1 in every 6 Canadians used opioids. However, recently there has been a dramatic rise in illicit and prescribed use, leading to a 30% increase in hospitalization, and 45% increase in deaths due to opioid use.

Hamilton is not immune to the repercussions of opioid use. In 2017, Hamilton experienced an opioid related death rate 72% greater than the provincial average.

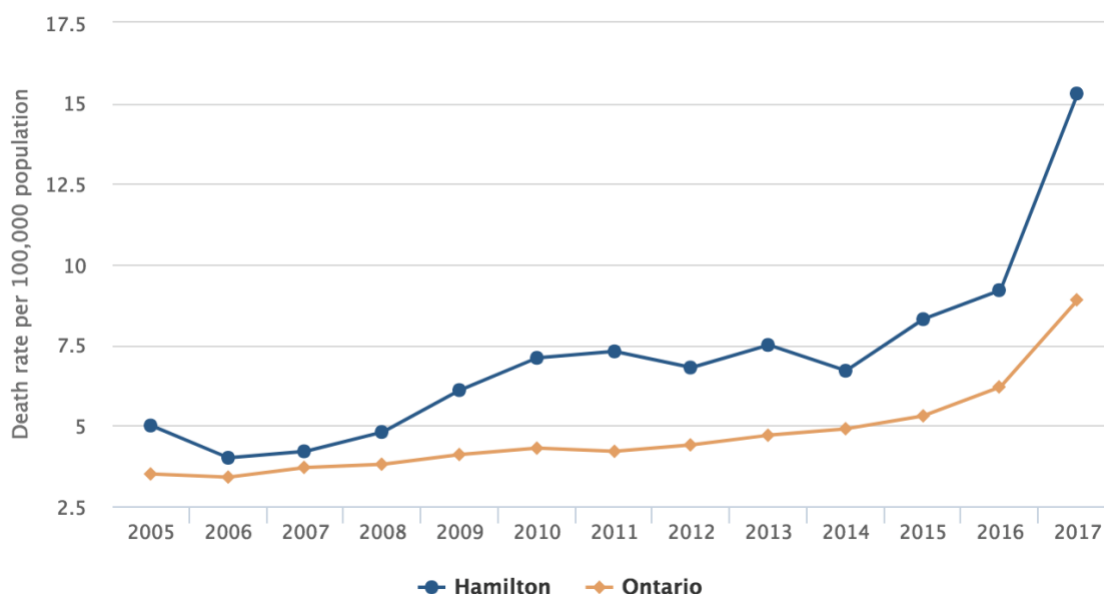


Figure 1. Opioid Related Death Rates in Hamilton and Ontario, 2005-2017

Since Insite, the first supervised injection site, opened in Vancouver in 2003, there has been a wealth of data and evidence demonstrating the effectiveness of supervised consumption in combating opioid-related overdoses. The data show that the establishment of supervised consumption sites results in a decreased morbidity and mortality, is cost-effective in keeping people out of hospitals and emergency rooms, decreases public nuisances and public drug use, as well as increases access to addiction treatment and social programs.

As such, we ask that the Hamilton City Council publically reaffirm their commitment to the operation of a permanent supervised consumption site in the downtown Hamilton core. We ask that Councilors sign an open letter citing their support of a permanent supervised consumption site to Premier Doug Ford and Health Minister Christine Elliott.

Supporting Supervised Consumption in Hamilton

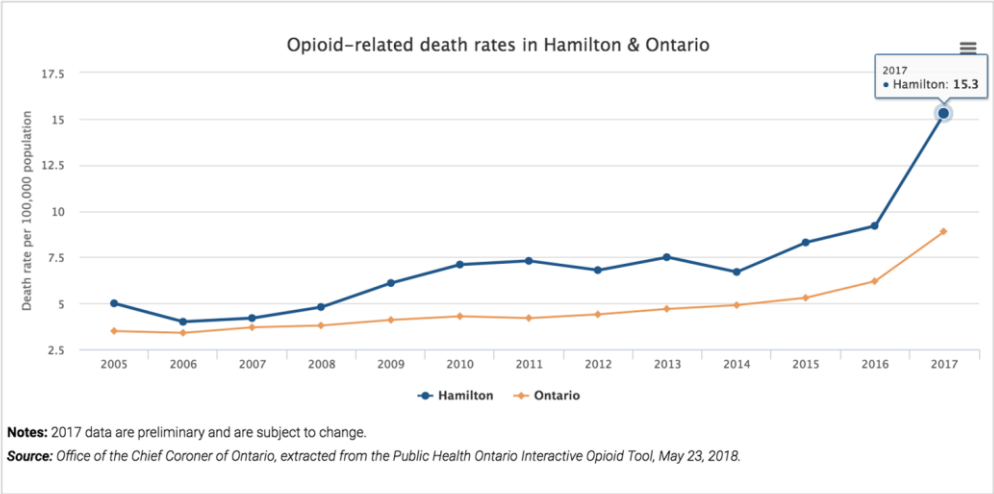
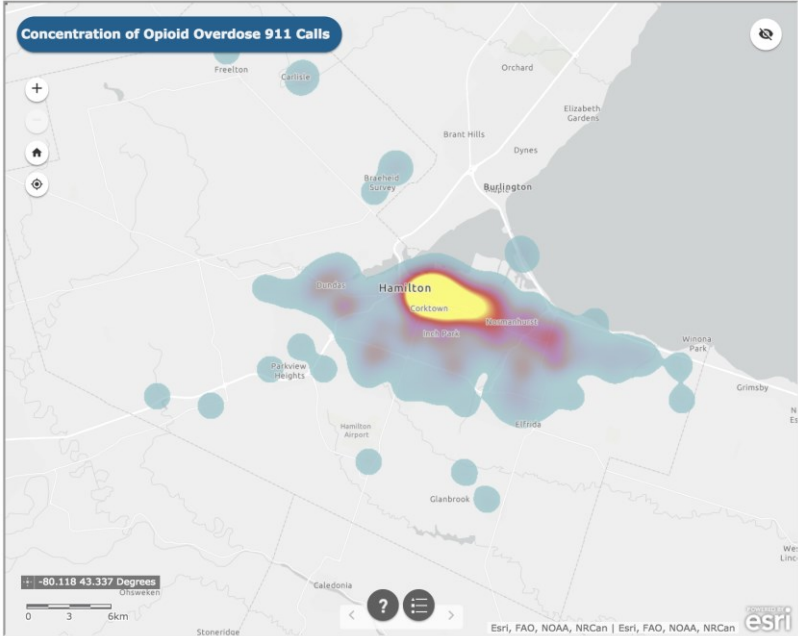
Hamilton Board of Health
September 17, 2018

Debbie Brace, BA&Sc, MSc, MD Candidate
Shannon Brent BSCh, MPH, MD Candidate
Felipe Fajardo BSCh, MD Candidate



Epidemiology of Hamilton's Opioid Crisis

Map of paramedic incidents related to opioid overdose

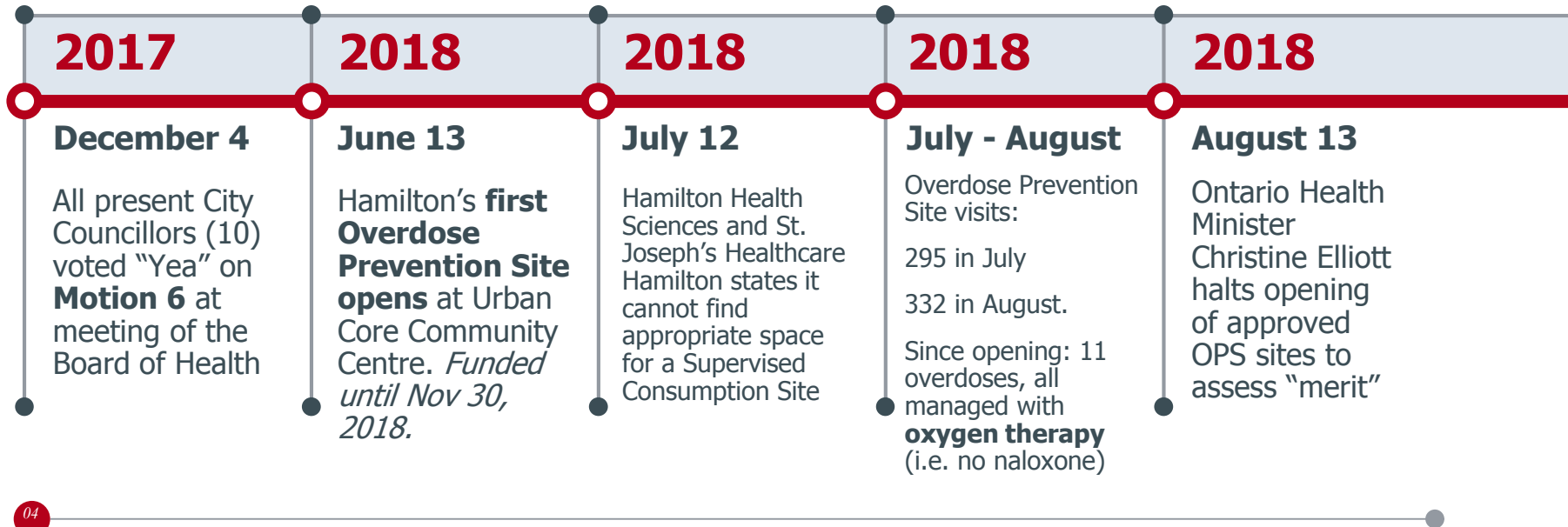


Sources:

- 1. Hamilton Opioid Information System - Deaths. Hamilton Public Health. <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system-deaths>. July 27, 2017. Accessed September 14, 2018.
- 2. Hamilton Opioid Information System - Opioid Overdoses. Hamilton Public Health. <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system-opioid-overdoses>. September 12, 2018. Accessed September 15, 2018.

Timeline

Safe Consumption Sites in Hamilton, ON



Why we are advocating

- Supervised Consumption Sites are evidence-based, life-saving interventions for populations that use drugs
- Hamilton is in the middle of a severe opioid crisis
- **Delaying or removing supervised consumption services from Hamilton will result in preventable and unnecessary death and illness in our community**

Our Ask

We ask that the Board of Health:

- (i) Reaffirm its support for supervised consumption, and Motion 6 of the December 4th, 2017 meeting of the Board of Health
- (ii) Each member sign an open letter to Premier Ford and Health Minister Christine Elliott reiterating the evidence and outlining Hamilton's need for supervised consumption

Contact Information

Debbie Brace: debbie.brace@medportal.ca / 365-889-4430

Shannon Brent: shannon.brent@medportal.ca / 647-927-2311

Felipe Fajardo: felipe.fajardo@medportal.ca / 647-382-3269



Iris M. Balodis, PhD
 Assistant Professor, Psychiatry & Behavioural Neurosciences
 Peter Boris Centre for Addictions Research
 DeGroot School of Medicine
 St. Joseph's Healthcare Hamilton
 West 5th Campus, 100 West 5th Street
 Hamilton, ON Canada L8N 3K7

✉ balodisi@mcmaster.ca
 ☎ (905) 522-1155 ext. 39703

July 10, 2018

Susan Boyd, Manager
 Alcohol, Drug & Gambling Services
 Public Health Services, City of Hamilton
 21 Hunter St. E., 3rd floor
 Hamilton, Ontario
 L8N 1M2

Dear Susan,

Recently our organizations submitted to the Gambling Research Exchange Ontario (GREO) the BET40K Grant Application, I Love a Good Clinical Video, to secure funding for a knowledge translation project in the area of problem gambling. The project would involve researchers from the Peter Boris Centre for Addiction Research, clinicians from Alcohol, Drug & Gambling Services and individuals with lived experience working together to translate gambling research into videos that can be used in clinical sessions. These handouts will be based on questions that individuals experiencing concerns with gambling have brought forward and will provide accurate, evidenced-informed knowledge that is accessible.

If the proposal is accepted the Peter Boris Centre for Addiction Research is able to provide the City of Hamilton with up to \$10,000 for staffing costs. The funds will come from the \$40,000 grant to cover the cost of an ADGS social work staff working half a day per week for the duration of the project. This project would begin in Fall 2018 for a full year. We look forward to the potential collaboration between our organizations and the impact this project could have in the area of problem gambling treatment.

Sincerely,

Iris Balodis

Dr. Iris M. Balodis
 Assistant Professor'
 Department of Psychiatry and Behavioural Neurosciences
 DeGroot School of Medicine
 McMaster University
 Peter Boris Centre for Addictions Research
 100 West 5th Street
 Hamilton, ON, L8N 3K7



Ulli S. Watkiss
City Clerk

City Clerk's Office

Secretariat
Julie Lavertu, Secretary
Board of Health
Toronto City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, Ontario M5H 2N2

Tel: 416-397-4592
Fax: 416-392-1879
E-mail: boh@toronto.ca
Web: www.toronto.ca/council

August 3, 2018

SENT VIA E-MAIL

To: Interested Parties

Subject: A Public Health Approach to Drug Policy (Item HL28.2)

The Toronto Board of Health, during its meeting on July 16, 2018, adopted Item [HL28.2](#), as amended, and:

1. Directed that the report (June 28, 2018) from the Medical Officer of Health be forwarded to the following for their information and endorsement:
 - a. Ontario-based public health boards, the Boards of Health in the 10 largest Canadian cities, the Ontario Public Health Association, the Association of Local Public Health Agencies, and other appropriate public health bodies; and
 - b. key organizations of families of drug users and users of drugs.
2. Called on the federal government to decriminalize the possession of all drugs for personal use and scale up prevention, harm reduction, and treatment services.
3. Called on the federal government to convene a task force, comprised of people who use drugs and their families and policy, research, and program experts in the areas of public health, human rights, substance use, mental health, education, and criminal justice, to explore options, including best practices and equitable measures, for the legal regulation of all drugs in Canada, based on a public health approach.

To view this item and background information online, please visit:
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL28.2>.

Sincerely,

Julie Lavertu

Julie Lavertu/ar
Secretary
Board of Health

2

Sent (via e-mail) to the following Boards of Health in Ontario (via e-mails to the Public Health Units), organizations, and individuals:

- Algoma Public Health Unit
- Brant County Health Unit
- Chatham-Kent Health Unit
- Durham Region Health Department
- Eastern Ontario Health Unit
- Grey Bruce Health Unit
- Haldimand-Norfolk Health Unit
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Halton Region Health Department
- City of Hamilton Public Health Services
- Hastings Prince Edward Public Health Unit
- Huron County Health Unit
- Kingston, Frontenac, Lennox & Addington Public Health
- Lambton Public Health
- Leeds, Grenville and Lanark District Health Unit
- Middlesex-London Health Unit
- Niagara Region Public Health Department
- North Bay Parry Sound District Health Unit
- Northwestern Health Unit
- Ottawa Public Health
- Oxford-Elgin-St. Thomas Public Health Unit
- Peel Public Health
- Perth District Health Unit
- Peterborough Public Health
- Porcupine Health Unit
- Public Health Sudbury & Districts
- Renfrew County and District Health Unit
- Simcoe Muskoka District Health Unit
- Thunder Bay District Health Unit
- Timiskaming Health Unit
- Region of Waterloo, Public Health
- Wellington-Dufferin-Guelph Public Health
- Windsor-Essex County Health Unit
- York Region Public Health
- Dr. Mylène Drouin, Directrice régionale de santé publique, Direction régionale de santé publique du CIUSSS du Centre-Sud-de-l'Île-de-Montréal
- Dr. Patricia Daly, Chief Medical Health Officer and Vice President, Public Health, Vancouver Coastal Health
- Dr. David Strong, Zone Lead Medical Officer of Health, Alberta Health Services
- Dr. Vera Etches, Medical Officer of Health, City of Ottawa
- Dr. Chris Sikora, Medical Officer of Health, Edmonton Zone
- Dr. Lawrence Elliott, Regional Medical Officer of Health, City of Winnipeg
- Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton
- Dr. Chris Mackie, Medical Officer of Health and CEO, Middlesex-London Health Unit
- Dr. Liana Nolan, Commissioner and Medical Officer of Health, Region of Waterloo
- Dr. Jessica Hopkins, Medical Officer of Health, Regional Municipality of Peel

3

- Pageen Walsh, Executive Director, Ontario Public Health Association
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Lana McDonald, Administrative Assistant, Urban Public Health Network
- Sheila Jennings, Ontario Leader, Moms Stop the Harm
- Sean O'Leary, Founder, Executive Director, and Outreach and Partnerships Chair, We the Parents
- Steve Cody, Say No for Nick
- Jennifer Johnston, Niagara Area Moms Ending Stigma
- Heather Alce-Steffler, Co-Founder, Tanner Steffler Foundation
- Donna May, Director, Canadian and International Focus, mumsDU
- Andrea Kusters, Grief Recovery After Substance Abuse Passing
- Frank Crichlow, Representative, Toronto Drug Users Union
- Jordan Westfall, President, Canadian Association for People Who Use Drugs

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health
- Elena Zeppieri, Administrative Assistant to the Medical Officer of Health, Toronto Public Health



Ulli S. Watkiss
City Clerk

City Clerk's Office

Secretariat
Julie Lavertu, Secretary
Board of Health
Toronto City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, Ontario M5H 2N2

Tel: 416-397-4592
Fax: 416-392-1879
E-mail: boh@toronto.ca
Web: www.toronto.ca/council

August 3, 2018

SENT VIA E-MAIL

To: Interested Parties

Subject: Student Nutrition Program: Impact of Municipal Plan 2013-2018 (Item HL28.5)

The Toronto Board of Health, during its meeting on July 16, 2018, adopted Item [HL28.5](#), as amended, and:

1. Requested Ontario-based public health boards to express their support and endorsement for a federal universal health school food program called for by Senator Art Eggleton and the Federation of Canadian Municipalities.
2. Supported and endorsed the call by Senator Art Eggleton and the Federation of Canadian Municipalities for a federal universal health school food program.
3. Requested the Medical Officer of Health to consider opportunities to address the identified gaps in student nutrition programs and work with Student Nutrition Ontario - Toronto to develop a plan to address these needs.
4. Directed that the Board of Health's decision and the report (June 28, 2018) from the Medical Officer of Health be forwarded to appropriate federal government officials.

To view this item and background information online, please visit:
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL28.5>.

Sincerely,

Julie Lavertu

Julie Lavertu/ar
Secretary
Board of Health

Sent to the following Boards of Health in Ontario (via e-mails to the Public Health Units):

- Algoma Public Health Unit
- Brant County Health Unit
- Chatham-Kent Health Unit
- Durham Region Health Department

2

- Eastern Ontario Health Unit
- Grey Bruce Health Unit
- Haldimand-Norfolk Health Unit
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Halton Region Health Department
- City of Hamilton Public Health Services
- Hastings Prince Edward Public Health Unit
- Huron County Health Unit
- Kingston, Frontenac, Lennox & Addington Public Health
- Lambton Public Health
- Leeds, Grenville and Lanark District Health Unit
- Middlesex-London Health Unit
- Niagara Region Public Health Department
- North Bay Parry Sound District Health Unit
- Northwestern Health Unit
- Ottawa Public Health
- Oxford-Elgin-St. Thomas Public Health Unit
- Peel Public Health
- Perth District Health Unit
- Peterborough Public Health
- Porcupine Health Unit
- Public Health Sudbury & Districts
- Renfrew County and District Health Unit
- Simcoe Muskoka District Health Unit
- Thunder Bay District Health Unit
- Timiskaming Health Unit
- Region of Waterloo, Public Health
- Wellington-Dufferin-Guelph Public Health
- Windsor-Essex County Health Unit
- York Region Public Health

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health
- Elena Zeppieri, Administrative Assistant to the Medical Officer of Health, Toronto Public Health



City Clerk's Office

Ulli S. Watkiss
City Clerk

Secretariat
Julie Lavertu, Secretary
Board of Health
Toronto City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, Ontario M5H 2N2

Tel: 416-397-4592
Fax: 416-392-1879
E-mail: boh@toronto.ca
Web: www.toronto.ca/council

August 1, 2018

SENT VIA E-MAIL

To: Interested Parties

Subject: Toronto Overdose Action Plan: Status Report 2018 (Item HL27.1)

The Toronto Board of Health, during its meeting on June 18, 2018, adopted Item [HL27.1](#), as amended, and:

1. Directed that the Board of Health's decision and the report (June 4, 2018) from the Medical Officer of Health be forwarded to all Boards of Health in Ontario for information.
2. Reinforced with provincial and federal governments the urgency of the opioid poisoning emergency, and the critical need to scale up actions in response.
3. Urged the Ministry of Health and Long-Term Care to extend approval of the maximum term for overdose prevention sites from the current 6 months to a 12-month period.
4. Urged the Ministry of Health and Long-Term Care to support urgent implementation of managed opioid programs (i.e., pharmaceutical heroin/diacetylmorphine and/or hydromorphone), including low-barrier options, across Ontario.
5. Reaffirmed its support for a comprehensive, evidence-based response to the opioid overdose crisis that includes prevention, harm reduction, and treatment and, in particular, the critical role that harm reduction measures such as naloxone distribution, peer support, supervised consumption services, and overdose prevention sites, play in saving lives and improving health.
6. Requested that the Medical Officer of Health review the communications and public presentations received at the Board of Health meeting on June 18, 2018 for consideration as to the next steps in developing the Toronto Drug Strategy.

Toronto City Council, during its meeting on June 26-29, 2018, also:

1. Reaffirmed its support for a comprehensive, evidence-based response to the opioid overdose crisis that includes prevention, harm reduction, and treatment and, in particular, the critical role that harm reduction measures, such as naloxone distribution, peer support, supervised consumption services, and overdose

2

prevention sites, play in saving lives and improving health.

2. Called on the Province of Ontario to continue its response to the opioid overdose crisis by supporting and expanding existing provincially-funded prevention, harm reduction, and treatment measures in the City of Toronto.
3. Requested the Medical Officer of Health to work with the Toronto Community Housing Corporation to train their staff on the safe disposal of drug use equipment and actively participate in the safe disposal of this equipment.
4. Requested the Toronto Community Housing Corporation to require their staff to receive overdose training from Toronto Public Health staff.
5. Requested the Toronto Community Housing Corporation to urgently review their current policies that discriminate against people who use drugs and implement a moratorium on evicting tenants based on drug use during the opioid poisoning crisis.

To view this item and background information online, please visit:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL27.1>.

Sincerely,

Julie Lavertu

Julie Lavertu/ar
Secretary
Board of Health

Sent to the following Boards of Health in Ontario (via e-mails to the Public Health Units):

- Algoma Public Health Unit
- Brant County Health Unit
- Chatham-Kent Health Unit
- Durham Region Health Department
- Eastern Ontario Health Unit
- Grey Bruce Health Unit
- Haldimand-Norfolk Health Unit
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Halton Region Health Department
- City of Hamilton Public Health Services
- Hastings Prince Edward Public Health Unit
- Huron County Health Unit
- Kingston, Frontenac, Lennox & Addington Public Health
- Lambton Public Health
- Leeds, Grenville and Lanark District Health Unit
- Middlesex-London Health Unit
- Niagara Region Public Health Department
- North Bay Parry Sound District Health Unit
- Northwestern Health Unit

3

- Ottawa Public Health
- Oxford-Elgin-St. Thomas Public Health Unit
- Peel Public Health
- Perth District Health Unit
- Peterborough Public Health
- Porcupine Health Unit
- Public Health Sudbury & Districts
- Renfrew County and District Health Unit
- Simcoe Muskoka District Health Unit
- Thunder Bay District Health Unit
- Timiskaming Health Unit
- Region of Waterloo, Public Health
- Wellington-Dufferin-Guelph Public Health
- Windsor-Essex County Health Unit
- York Region Public Health

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health
- Elena Zeppieri, Administrative Assistant to the Medical Officer of Health, Toronto Public Health



August 3, 2018

VIA EMAIL

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
mcssinfo.css@ontario.ca

The Honourable Christine Elliott
Minister of Health and Long-Term Care
ccu.moh@ontario.ca

Dear Premier Ford and Ministers MacLeod and Elliott:

Re: Ontario Basic Income Research Project and the Reduction in the Scheduled Social Assistance Rate Increase

I am writing on behalf of the Board of Health for Public Health Sudbury & Districts to express deep concern regarding the recent announcements to reduce important supports to Ontario's most vulnerable citizens. These announcements include the termination of the Basic Income Research Project and the reduction in the scheduled social assistance rate Increase.

The Board of Health for Public Health Sudbury & Districts cares deeply about vulnerable Ontarians and supports measures to support health equity through critical financial policies. The Board has previously called for provincial and federal levels of government to pursue a basic income guarantee policy and to increase social assistance rates to reflect the actual cost of nutritious food and adequate housing (Board motions [#43-15](#) and [#50-16](#)).

11.6

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



The Honourable Doug Ford, The Honourable Lisa McLeod, and The Honourable Christine Elliott
August 3, 2018
Page 2

There is considerable research that clearly shows that people with lower incomes experience higher burdens of adverse health and social outcomes compared with people of higher incomes. This includes morbidity and/or mortality from chronic and infectious disease, mental illness, and infant mortality, amongst others.[i]. There is a corresponding financial burden to the health care system. A recent report from the Public Health Agency of Canada estimates that socio-economic inequalities cost the health care system \$6.2 billion annually, with Canadians in the lowest income bracket accounting for 60% (or \$3.7 billion) of those costs.ⁱ

It is with deep regret that we learned of your government's recent announcements and we respectfully urge you to reconsider these important supports to vulnerable Ontarians. In line with our own strategic priority of decreasing health inequities and striving for equitable opportunities for health, we would very much welcome the opportunity to engage in dialogue with you on this important health matter.

Yours sincerely,



René Lapierre
Chair
Board of Health for Public Health Sudbury & Districts

Cc: Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma- Manitoulin
Dr. David Williams, Chief Medical Officer of Health
Helen Angus, Deputy Minister, Ministry of Health and Long-term Care
All Ontario Boards of Health

[i] Auger, N and Alix, C. (2016). Income, Income Distribution, and Health in Canada. In Raphael, D. (Eds), Social Determinants of Health (p. 90-109), 3rd edition. Toronto: Canadian Scholars Press Inc.

ⁱ Public Health Agency of Canada. The direct economic burden of socioeconomic health inequalities in Canada: an analysis of health care costs by income level. Ottawa: Public Health Agency of Canada; 2016 [Accessed 2016 Dec 28]. Retrieved from http://vibrantcanada.ca/files/the_direct_economic_burden_-_feb_2016_16_0.pdf.



August 3, 2018

VIA EMAIL

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
mcssinfo.css@ontario.ca

The Honourable Christine Elliott
Minister of Health and Long-Term Care
ccu.moh@ontario.ca

Dear Premier Ford and Ministers MacLeod and Elliott:

Re: Ontario Basic Income Research Project and the Reduction in the Scheduled Social Assistance Rate Increase

I am writing on behalf of the Board of Health for Public Health Sudbury & Districts to express deep concern regarding the recent announcements to reduce important supports to Ontario's most vulnerable citizens. These announcements include the termination of the Basic Income Research Project and the reduction in the scheduled social assistance rate Increase.

The Board of Health for Public Health Sudbury & Districts cares deeply about vulnerable Ontarians and supports measures to support health equity through critical financial policies. The Board has previously called for provincial and federal levels of government to pursue a basic income guarantee policy and to increase social assistance rates to reflect the actual cost of nutritious food and adequate housing (Board motions [#43-15](#) and [#50-16](#)).

11.6

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



The Honourable Doug Ford, The Honourable Lisa McLeod, and The Honourable Christine Elliott
August 3, 2018
Page 2

There is considerable research that clearly shows that people with lower incomes experience higher burdens of adverse health and social outcomes compared with people of higher incomes. This includes morbidity and/or mortality from chronic and infectious disease, mental illness, and infant mortality, amongst others.[i]. There is a corresponding financial burden to the health care system. A recent report from the Public Health Agency of Canada estimates that socio-economic inequalities cost the health care system \$6.2 billion annually, with Canadians in the lowest income bracket accounting for 60% (or \$3.7 billion) of those costs.ⁱ

It is with deep regret that we learned of your government's recent announcements and we respectfully urge you to reconsider these important supports to vulnerable Ontarians. In line with our own strategic priority of decreasing health inequities and striving for equitable opportunities for health, we would very much welcome the opportunity to engage in dialogue with you on this important health matter.

Yours sincerely,



René Lapierre
Chair
Board of Health for Public Health Sudbury & Districts

Cc: Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma- Manitoulin
Dr. David Williams, Chief Medical Officer of Health
Helen Angus, Deputy Minister, Ministry of Health and Long-term Care
All Ontario Boards of Health

[i] Auger, N and Alix, C. (2016). Income, Income Distribution, and Health in Canada. In Raphael, D. (Eds), Social Determinants of Health (p. 90-109), 3rd edition. Toronto: Canadian Scholars Press Inc.

ⁱ Public Health Agency of Canada. The direct economic burden of socioeconomic health inequalities in Canada: an analysis of health care costs by income level. Ottawa: Public Health Agency of Canada; 2016 [Accessed 2016 Dec 28]. Retrieved from http://vibrantcanada.ca/files/the_direct_economic_burden_-_feb_2016_16_0.pdf.

By email at: Ginette.PetitpasTaylor@parl.gc.ca and Jody.Wilson-Raybould@parl.gc.ca

July 10, 2018

The Honourable Ginette Petitpas Taylor
Minister of Health
House of Commons
Ottawa, Ontario
Canada
K1A 0A6

The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
House of Commons
Ottawa, Ontario
Canada
K1A 0A6

Dear Ministers Petitpas Taylor and Wilson-Raybould,

Re: A Public Health Approach to Drug Policy Reform

On June 20, 2018, the Simcoe Muskoka District Health Unit Board of Health (SMDHU BOH) endorsed the recommendations of the Canadian Public Health Association (CPHA) from their 2017 Position Statement, in regards to decriminalization of illicit psychoactive substances (IPS). These recommendations call for a shift from addressing IPS as a criminal issue to that of a pressing public health issue, through implementing the following recommendations:

- a) Decriminalize the possession of small quantities of currently illegal psychoactive substances for personal use and provide summary conviction sentencing alternatives, including the use of absolute and conditional discharges;
- b) Decriminalize the sales and trafficking of small quantities of IPS by young offenders using legal provisions similar to those noted above;
- c) Develop probationary procedures and provide a range of enforcement alternatives including a broader range of treatment options, for those in contravention of the revised drug law;
- d) Develop the available harm reduction and health promotion infrastructure such that all those who wish to seek treatment can have ready access;
- e) Provide amnesty for those previously convicted of possession of small quantities of IPS; and

□ Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

□ Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

□ Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

□ Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

□ Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

□ Midland:
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

□ Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

- f) Provide expanded evidence-informed harm reduction options that include, for example, improved access to supervised consumption facilities and drug purity testing services.

In light of the opioid crisis facing Simcoe and Muskoka, and Canada as a whole, the SMDHU BOH has endorsed this position based on research and evidence that Canada's historical approach to drug policy based on criminalization has created a three-fold problem. The first is the financial burden on our enforcement, justice and corrections infrastructure, estimated at multi-billions of dollars per yearⁱ.

The second is that criminalization has created and perpetuated stigma that alienates those who choose to use drugs, who are often seeking to escape mental or physical pain. This same stigma disproportionately affects marginalized populations such as those living in poverty, those living with mental health issues, and Indigenous communitiesⁱⁱ. Research identifies how stigma in fact perpetuates drug use by reducing empathy, and drives persons away from supports such as treatment and counsellingⁱⁱⁱ.

The third aspect of the problem is that exposure to the criminal justice system is harmful to those who use drugs. This approach exposes the person to a wider criminal element, disassociates them from their family or other supports, and creates immense stress^{iv}. Additionally, a criminal record impairs a person's ability to find and maintain employment, housing or education. Further, the nature of arrests, penal penalties and court processes further disrupts Opioid Agonist (Replacement) Therapy, exacerbates the incidence of HIV and Hepatitis and worsens management of these conditions, and creates significantly heightened risk for overdose upon release^v.

In light of extensive evidence that criminalization perpetuates problematic drug-use and compounds its associated harms, we strongly urge you to consider decriminalization of illicit psychoactive substances with a concomitant investment in health services. We call upon your government to reform the necessary policies to more effectively and humanely address drug use and addiction as major societal priorities.

Decriminalization of IPS, in order to be most effective, must be accompanied with commensurate investments in harm reduction, treatment and mental health infrastructure. Where this multi-tiered approach has been implemented in other countries, such as in Portugal, measurably positive outcomes have resulted, including pronounced reductions in overdose deaths and substantial increases in entry to drug treatment^{vi}. Funds for these health investments would be made available from reduced costs within justice, enforcement and corrections services that are anticipated to result from this shift from a criminalized system to a public health approach.

Please see attached a copy of the 2017 CPHA Position Statement for your reference.

Sincerely,

ORIGINAL Signed By:

Scott Warnock
Board of Health Chair
Simcoe Muskoka District Health Unit

SW:LS:mk

Encl.

- c. Honourable Christine Elliott, Minister of Health and Long-Term Care for Ontario
Honourable Caroline Mulroney, Attorney General of Ontario
Dr. David Williams, CMOH
Ms. Roselle Martino, ADM
Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Canadian Public Health Association
MPs and MPPs in Simcoe Muskoka
Mayors and Councils in Simcoe Muskoka
North Simcoe Muskoka and Central Local Health Integration Network

ⁱ Department of Justice Canada (2008) *Cost of Crime in Canada*

ⁱⁱ Csete J. et. al (2016) The Lancet Commissions. *Public Health and international drug policy*. The Lancet Vol 387, April2, 2016

ⁱⁱⁱ Global Commission on Drug Policy (2017). *The World Drug Perception Problem*. 2017 Report. Executive Summary. P.7

^{iv} Canadian Mental Health Association (2018). *Care Not Corrections: Relieving the Opioid Crisis in Canada*. April 2018

^v Csete J. et. al (2016) The Lancet Commissions. *Public Health and international drug policy*. The Lancet Vol 387, April2, 2016

^{vi} Hughes, C. and Stevens, A. (2011). Harm Reduction Digest [44] *A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of Illicit Drugs*. Drug And Alcohol Review (January 2012) 31, 101-113