

# 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 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.