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**For Information**

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**REPORT TITLE: Peel Opioid Strategy Update**

**FROM:** Nancy Polsinelli, Commissioner of Health Services  
Lawrence C. Loh, MD MPH FCFP FRCPC FACPM, Medical Officer of Health

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**OBJECTIVE**

To provide an update on the Peel Opioid Strategy and current priority work under the Harm Reduction Pillar.

**REPORT HIGHLIGHTS**

- Substance-related harms continue to increase in Peel with opioid-related deaths rising 249 per cent (with 606 lives lost) since 2014. Responding to drug toxicity related harms is a top priority for Peel Public Health and community partners.
  - In December 2019, Regional Council endorsed the Peel Opioid Strategy and Peel Supervised Consumption Site Needs Assessment and Feasibility Study in response to increasing opioid-related harms in the community.
  - During the pandemic, given mass staff redeployment, available resources were used to maintain and expand client-facing harm reduction services while strategic work related to the Peel Opioid Strategy was paused until late 2021. Priority work has resumed with a focus on specific initiatives in three areas.
  - First, per Regional Council direction, Peel Public Health and Moyo Health and Community Services have convened a Planning and Implementation Table to establish supervised consumption services in Peel.
  - Second, given ongoing policy dialogue related to drug decriminalization, Public Health is convening a multi-sectoral working group to inform the current local impacts of drug criminalization and potential alternatives.
  - Third, Public Health will continue to work towards integrating the Peel Opioid Strategy with existing community and regional initiatives to advance a comprehensive drug strategy in Peel that addresses substance use broadly in our community.
  - Further recommendations related to the three areas of work noted above will be brought back to Council as the work advances in the coming months.
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**DISCUSSION**

**1. Background**

**a) Drug-Related Harms in Peel and Ontario**

In 2014 opioid-related deaths increased sharply compared to a relatively stable trend in the years prior. In 2017 there was another sharp increase with the annual death

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rate increasing from 3.1 per 100,000 (46 deaths) to 5.4 per 100,000 (81 deaths). Opioid-related deaths in Peel have continued to rise each year since. Between 2017 and 2021 opioid-related deaths in Peel rose 133 per cent (81 deaths in 2017 to 189 deaths in 2021), with 651 lives lost in those five years. The majority of deaths since 2017 were among adults aged 25 to 44 years (58 per cent) and almost 1 in 6 were among individuals experiencing homelessness. Among those with a known employment status, approximately 7 in 10 were unemployed. While the majority of individuals who died were of 'White' ethnicity (68 per cent), individuals from many ethnic origins have also been impacted.

Since the COVID-19 pandemic began, opioid-related deaths have risen substantially in Peel and Ontario overall. These increases were associated with drug supply changes, reduced access to mental health and addiction services, and increased social isolation. Addressing drug-related harms and deaths in Peel through a variety of evidence-informed interventions is a priority for Public Health, as trends are expected to continue without immediate intervention.

### **b) Development and Endorsement of the Peel Opioid Strategy**

In 2018, Public Health convened the Opioid Strategy Steering Group, comprised of people with lived/living experience of substance use and local organizations involved in prevention, harm reduction, treatment, and substance-related enforcement, who together developed the Peel Opioid Strategy.

On December 12, 2019, Regional Council endorsed the Peel Opioid Strategy and Peel Supervised Consumption Site Needs Assessment and Feasibility Study (Resolutions 2019-1130 and 2019-1132). Regional Council provided direction for Public Health to collaborate with Moyo Health and Community Services and convene a planning and implementation group to facilitate stakeholder discussions and community consultations on supervised consumption services in Peel (Resolution 2019-1132). This direction further endorsed future work to inform the development of a regional drug strategy (Resolution 2019-1131).

### **c) Impact of the COVID-19 Pandemic on the Peel Opioid Strategy**

The COVID-19 pandemic resulted in widespread resource constraints for Public Health and community partners due to redeployment to support the emergency response and operational constraints. Available resources were used to maintain and expand client-facing harm reduction services and continue ongoing surveillance of opioid-related harms while strategic work related to the Peel Opioid Strategy was paused.

In 2021, Peel Public Health's Harm Reduction team worked with community partners, to deliver 10,271 client interactions and 4,394 naloxone kits, representing 47 per cent more client interactions and 27 per cent more naloxone kits in a year-on-year comparison with 2020. Gradual resumption of Peel Opioid Strategy related work began in late 2021, with a focus on 1) planning for supervised consumption services in Peel, 2) examining alternatives to drug criminalization, and 3) continuing work towards integrating the Peel Opioid Strategy with existing community and regional initiatives.

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### 2. Peel Opioid Strategy – Current Areas of Focus

#### a) Supervised Consumption Services

Supervised consumption services (SCS) support populations at higher risk of substance-related harms by providing a safe environment for people to use their own substances in the presence of staff trained in harm reduction and overdose response. SCS prevent fatal overdoses and reduce the spread of blood-borne infections (e.g., HIV, Hepatitis C) by decreasing high-risk behavior and unsafe injection practices, such as needle sharing. SCS also connect clients with health and social services such as housing, mental health supports, primary care, and addictions treatment.

There are 38 SCS sites operating across Canada, with 22 in Ontario, including in Toronto, Hamilton, Guelph, Kitchener, and London. SCS are not currently operating in Peel. In 2019, the Peel Supervised Consumption Site Needs Assessment and Feasibility Study confirmed the need for SCS to help reduce substance related harms. At Council's direction, Public Health is co-chairing a SCS Planning and Implementation Table with Moyo Health and Community Services to plan for SCS in Peel. This Table is comprised of representatives from the Canadian Mental Health Association-Peel Dufferin, Peel Addiction Assessment and Referral Centre, Wellfort-Bloom Clinic Community Health Centre, relevant Regional departments, and the Peel Drug Users Advisory Panel.

Engagement with Peel Paramedics, Peel Regional Police, Councillors of wards where SCS are being considered, and people with lived/living experience is underway to inform the planning of SCS in Peel. Stakeholder engagement, including broader community engagement, will continue to expand as planning progresses.

Staff will report back to Regional Council with specific recommendations regarding the implementation of SCS in Peel.

#### b) Alternatives to Drug Criminalization

The Harm Reduction Pillar of the Peel Opioid Strategy includes a commitment to explore changes to current federal drug policies and study the impacts of drug decriminalization.

Drug decriminalization refers eliminating criminal penalties for the possession of defined amounts of illicit drugs for personal use. This approach often replaces criminal sanctions with responses that promote education, harm reduction, social supports, and treatment. Decriminalization exists along a continuum between criminalization and legalization and includes a range of principles, policies and practices that can be implemented. The *Good Samaritan Overdose Act* and supervised consumption services are existing decriminalization approaches.

Examples of decriminalization approaches in Peel include the Caledon Ontario Provincial Police Mental Health Pre-Charge Diversion Program and Brampton's Drug Treatment Court Program, which focus on providing community supports and treatment services in place of criminal prosecution in certain circumstances. In 2021, Peel Regional Police (PRP) established a Divisional Mobilization Unit that works with a wide range of priority populations to support access to community services and

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reduce involvement with police. PRP has also launched a Mental Health and Addiction Strategy in consultation with a wide range of partners to guide how the Service addresses these issues through a community safety and well-being (CSWB) lens.

In recent months, drug decriminalization has garnered attention as Toronto, Vancouver, and British Columbia have submitted exemption requests to the federal government which, if approved, would decriminalize simple drug possession within their borders (see Appendix I for additional jurisdictions and organizations supportive of drug decriminalization).

In response to recent policy developments, Public Health has initiated several actions to inform potential alternatives to drug criminalization. This includes completing a literature review on outcomes related to decriminalization and criminalization policies, connecting with stakeholders who have expressed an interest in an alternative approach to criminalization in Peel, and actively monitoring developments in other jurisdictions.

With increasing agreement that alternatives to criminalization can minimize harm from substance use, and a range of possible approaches, Public Health is exploring policy options appropriate for Peel's context with community stakeholders and people who use substances. A working group is being established to engage key stakeholders in discussions regarding drug criminalization. The working group will provide insight into the local context, current practices and opportunities, and potential health and social equity-based alternatives to drug criminalization in Peel.

Staff will report back to Council with the results of this work.

### **c) Regional Drug Strategy**

The Peel Opioid Strategy includes a recommendation to obtain commitment from key stakeholders for a comprehensive drug strategy in Peel Region. A multi-sector stakeholder meeting in January 2020 confirmed support for a broader drug strategy in Peel that aligns the efforts of various stakeholders and increases the impact of efforts to reduce the harms of substance use in Peel. Many communities across Ontario use Drug Strategies that outline a coordinated approach to address substance use.

Public Health will continue to work towards integrating the Peel Opioid Strategy with existing community and regional initiatives to address substance use broadly in our community. Many of the Peel Opioid Strategy initiatives are relevant for substance use more broadly (e.g., prevention pillar initiatives). The longer-term intent is to integrate current work into a regional drug strategy that is informed by the experience from other jurisdictions and builds on existing work from community partners, including the Peel Integrated Drug Strategy Collaborative, which is supported by temporary Regional Community Investment Program funding and has identified a framework and priorities for a drug strategy.

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### **RISK CONSIDERATIONS**

The Peel Opioid Strategy includes recommendations related to implementing supervised consumption services and exploring drug decriminalization, among a series of recommendations across four pillars intended to help address increasing opioid-related harms and deaths in our community. If the planned actions outlined in the Peel Opioid Strategy are not implemented, this may be perceived as inaction on a significant public health issue and may result in a decline in public confidence, especially among those with lived/living experience of substance use, as well as providers serving this population in Peel.

If a multi-sectoral working group focused on exploring alternatives to drug criminalization in Peel is not formed, this may leave the Region unprepared should drug decriminalization advance in neighboring jurisdictions or at the federal level. It is important to understand the local context in Peel and the needs of the community to effectively contribute to this public policy dialogue.

If work towards a regional drug strategy is not undertaken there may be duplication of efforts across service providers and community groups in Peel, stemming from a lack of coordination that a regional drug strategy would provide. Additionally, given the increasingly toxic drug supply, drug-related harms are increasingly affecting substances beyond opioids (e.g., stimulants). Failure to pursue a broader drug strategy incorporating interventions for all substances represents a missed opportunity to promptly address the growing need for support amongst people that use substances and the Peel community.

### **FINANCIAL IMPLICATIONS**

To date, Public Health-led initiatives related to the Opioid Strategy are being managed within the approved overall Public Health budget. Staff will report back to Council on any additional financial implications of implementing supervised consumption services in Peel, exploring alternatives to drug criminalization, and developing a regional drug strategy.

### **NEXT STEPS**

Peel Public Health will continue to work with community partners and stakeholders to move forward with the planned actions identified in the Peel Opioid Strategy with specific focus on the Harm Reduction pillar and report back to Council as needed.

### **APPENDICES**

Appendix I - Jurisdictions and Organizations that have Expressed Support for Alternative Approaches to Criminalization

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*Authored By: Jessica Mammone, Analyst, Taisha Palmer-Salmon, Analyst, Kirsten Barnes, Advisor, Inga Pedra, Advisor*

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Lawrence C. Loh, MD MPH FCFP FRCPC FACPM, Medical Officer of Health

A handwritten signature in black ink, appearing to be 'Nancy Polsinelli', written in a cursive style.

Nancy Polsinelli, Commissioner of Health Services