
For Information

REPORT TITLE: Closure and Transition Plan for Peel’s Urgent Public Health Need Site

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OBJECTIVE

To provide an overview of the successful implementation of supervised consumption services in Peel and transition plan of the Urgent Public Health Need Site operations as a result of Bill 223: *Safer Streets, Stronger Communities Act, 2024*.

REPORT HIGHLIGHTS

- With 705 preventable deaths occurring in Peel in the last five years, the drug toxicity crisis continues to impact individuals, families and communities as well as straining local emergency services and the broader health system.
- Regional Council endorsed establishing Supervised Consumption Services (SCS) via an interim Urgent Public Health Need Site (UPHNS) to be operated by Moyo Health & Community Services on July 7, 2022. Regional Council received a report to locate the UPHNS at 10 Peel Centre Drive on July 6, 2023.
- The UPHNS has prevented overdoses by providing a safe space for individuals to test or use pre-obtained substances under the supervision of medical professionals. This health service has also provided overdose prevention, harm reduction teaching, sterile supplies and basic health care. On-site wrap around supports and referrals to other services (e.g. addictions treatment, mental health services, housing and income supports) have also been made at the direction of individuals accessing the service. Staff of the site conduct a minimum of three needle sweeps of the area surrounding the UPHNS daily.
- The UPHNS has successfully served over 760 clients (over 210 unique) and helped prevent substance-related harms and deaths since opening on March 4, 2024. Over 50 individuals have initiated on-site addictions treatment to date. UPHNS operations have occurred without incident or concerns from neighbouring residents, local businesses, educational institutions, social services agencies and people with lived/living experience of substance use.
- The *Community Care and Recovery Act* was passed on December 4, 2024, which introduced new requirements and limits some power of municipalities and local boards to support aspects of supervised consumption sites. This legislation will lead to reduced availability of services in Ontario by March 31, 2025.

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- On February 10, 2025, Moyo Health & Community Services was informed that the Health Canada exemption for Peel's UPHNS under section 56(1) of the *Controlled Drugs and Substances Act* would only be extended until March 31, 2025 to align with newly passed provincial legislation, Bill 223.
 - Ministry of Health representatives informed Regional staff verbally on January 24, 2025 that any funding or hosting of an SCS on municipal property is deemed municipal support under the Act and the Peel UPHNS would need to cease operations for drug checking and supervised consumption services no later than March 31st, 2025.
 - A transition period of sixty days commencing April 1, 2025, is required to support service users with referrals to supports and services and to complete the year-one evaluation.
 - Other existing harm reduction services, including naloxone, will need to be enhanced to augment the loss of supervised consumption services across the GTHA, however, these services will not replace the drug testing and overdose prevention services provided at the UPHNS. Public Health will work with community partners and interest holders in 2025 to develop an expanded substance strategy to address substance-related harms for individuals, families and communities.
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DISCUSSION

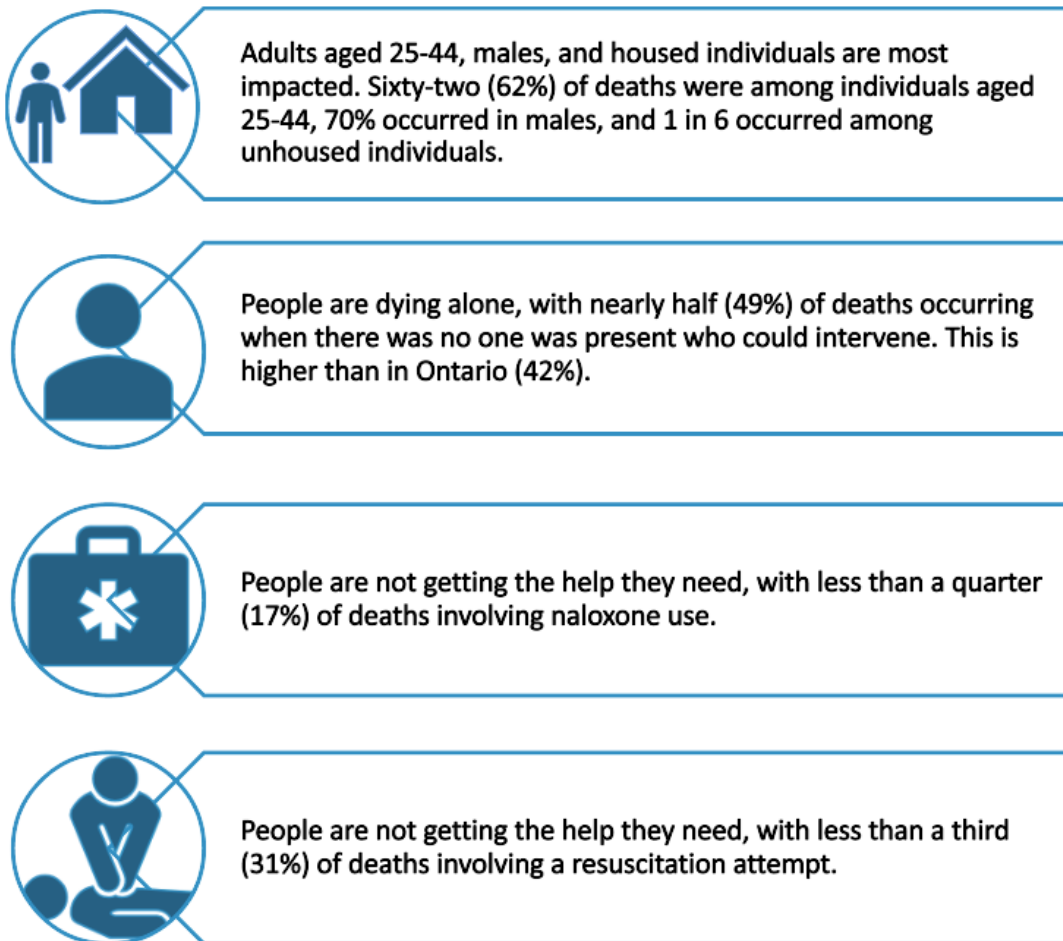
1. Background

Drug toxicity continues to be a growing concern in Peel with 705 lives lost due to opioid toxicity in the last five years (2019-2023). Additionally, opioid-related deaths increased in 2023, after returning to pre-pandemic levels in 2022, with a 34 per cent increase when comparing 2019 to 2023. Sadly, opioid-related deaths continue to be observed, with 70 deaths reported from January to September so far for 2024. This has resulted in increasing strain on local emergency services with 574 opioid-related emergency department visits and 93 opioid-related hospitalizations in 2023.

Drug toxicity deaths are in large part caused by the unregulated drug supply and polysubstance use, including stimulants, which play an important role in Peel's opioid toxicity crisis. In Peel, fentanyl contributed to 9 out of 10 opioid-related deaths in 2022 and 2023.

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Figure 1. Characteristics of opioid toxicity deaths in Peel, 2023



Addressing opioid toxicity deaths in Peel through evidence-informed interventions remains a priority. Endorsed by Regional Council in December 2019 (Resolution 2019-1130), the Peel Opioid Strategy is grounded in the four-pillar model of prevention, harm reduction, treatment, and justice and enforcement. The harm reduction pillar includes interventions to prevent overdoses and infections (e.g., HIV, hepatitis B and C), including supervised consumption services (SCS).

SCS are low-threshold health care services that support populations at higher risk of substance-related harms by providing a safe, non-judgmental space for people to use their own substances in the presence of staff trained in harm reduction and overdose response.

2. Peel's Interim Urgent Public Health Need Site (UPHNS)

On July 7, 2022, Regional Council unanimously endorsed the establishment of SCS via an interim Urgent Public Health Need Site with funding (\$5.8 million) up to 24 months or until provincial Consumption and Treatment Services (CTS) funding is secured (Resolution 2022-693).

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Regional Council received a report (Resolution 2023-594) to locate an interim UPHNS at 10 Peel Centre Dr, Suite A on July 6, 2023.

The interim UPHNS opened on March 4th, 2024, with Moyo Health & Community Services (Moyo) as the Operator and WellFort Community Health Services (WellFort) as the Clinical Lead.

The UPHNS is more than 200m from schools and licensed childcare centres and is not funded by the provincial Consumption and Treatment Services (CTS) program.

a) UPHNS Operations

The UPHNS is open 7 days a week, from 12:30pm-7:30pm and is staffed by harm reduction peers and nursing professionals who are trained in overdose response.

To date, the UPHNS has successfully delivered services to over 210 unique visitors with over 760 total visits to this life-saving intervention for:

- Supervised consumption and drug checking services;
- Clinical care such as wound care or referrals to primary care services as well as immunization services;
- On-site supports and referrals for housing, childcare, income supports and mental health /addictions services; and
- Harm reduction supplies.

Over 50 individuals have initiated on-site addictions treatment to date.

b) Health Canada Exemption

A federal exemption under section 56(1) of the *Controlled Drugs and Substances Act* is required to operate the UPHNS. An exemption was granted to Moyo for March 4, 2024, to February 28, 2025. On February 10, 2025, Moyo received an exemption from Health Canada to support operations only until March 31, 2025, to align with newly passed provincial legislation, Bill 223.

c) Safety and Security

Peel Regional Police was consulted on UPHNS policies and continue to collaborate with partners on the safety of the UPHNS. Peel Regional Police is committed to pillars of their Community Safety and Well-being framework that focuses on upstream solutions to addressing the needs of priority populations.

The UPHNS has operated without incident to date. No discarded needles/drug equipment were found during needle sweeps conducted by staff, three times per day. There have been no reports of loitering in proximity of the site and no complaints from community members.

d) Community Advisory Committee

A Community Advisory Committee was established in 2023 to foster relationships and address any potential issues with the UPHNS. The committee is comprised of local businesses, social service agencies, residents, and people with lived/living experience of

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substance use. To date there have been no concerns raised with UPHNS operations through this collaboration.

e) Evaluation of the UPHNS

i) Methodology and Aim

A third-party research team led by Dr. Dan Werb along with Drs. Geoff Bardwell and Mohammad Karamouzian, was secured to evaluate the delivery of the UPHNS. The evaluation will include spatial analysis of overdose mortality in proximity to the UPHNS.

ii) Preliminary Findings

While limited data is available to assess opioid-related deaths in Peel since the opening of the UPHNS, preliminary data suggests that there is a declining trend of opioid toxicity deaths post implementation of the service (March – June 2024). This should be interpreted with caution as the evaluation was to take place over the planned 2 years of operations and these findings remain preliminary. Additional spatial analysis of overdose mortality will be completed for the duration of site operations.

3. Bill 223 – *Safer Streets, Strong Communities Act, 2024*

Bill 223, *Safer Streets, Stronger Communities Act*, which introduced Schedule 4 being the *Community Care and Recovery Act*, came into force on December 4, 2024. This Act introduced new requirements and limitations on the ability of municipalities and local boards to provide certain types of support to supervised consumption sites.

Through the *Community Care and Recovery Act*, the operation of supervised consumption sites within 200 meters of a school, licensed childcare centre, or EarlyON child and family centre is prohibited. In addition, municipalities and local boards will require provincial approval before applying for an exemption or renewal of an exemption to the *Controlled Drugs and Substances Act* for the purpose of operating an SCS. Specifically, the legislation states as follows as it relates to municipalities:

Limit on power of municipalities, local boards

Application for exemption to decriminalize

3 (1) Subject to such exceptions as may be prescribed, despite sections 7 and 8 of the *City of Toronto Act, 2006* and sections 9, 10 and 11 of the *Municipal Act, 2001*, a municipality or local board does not have the power to apply to Health Canada for an exemption under subsection 56 (1) of the *Controlled Drugs and Substances Act (Canada)* from any provision of that Act for the purpose of decriminalizing the personal possession of a controlled substance or precursor.

Applications related to supervised consumption sites, safer supply services

(2) Subject to such exceptions as may be prescribed, despite sections 7 and 8 of the *City of Toronto Act, 2006* and sections 9, 10 and 11 of the *Municipal Act, 2001*, a municipality or local board does not have the power, without the approval of the Minister, to do any of the following:

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1. *Apply to Health Canada for an exemption or a renewal of an exemption to the Controlled Drugs and Substances Act (Canada) for the purpose of operating a supervised consumption site.*
2. *Apply to Health Canada for funding under Health Canada's Substance Use and Addictions Program or any other Health Canada program in respect of safer supply services, or enter into an agreement with the Government of Canada with respect to funding under such a program in respect of safer supply services.*
3. *Support, including by passing a by-law or making a resolution, an application made to Health Canada by any other person in respect of any matter described in paragraph 1 or 2.*

Ten of the seventeen SCS in Ontario will be required to close by March 31st, 2025, as a result of this Act. No new sites will be opened to replace those forced to close.

Ministry of Health representatives informed Regional staff verbally on January 24, 2025 that any funding or hosting of an SCS on municipal property is deemed municipal support under the Act and the Peel UPHNS would need to cease operations for drug checking and supervised consumption services no later than March 31st, 2025.

Peel staff view this interpretation as likely going beyond what the legislation actually states, as the legislation would appear to only prohibit municipal support in directly applying for, or supporting applications for, certain Health Canada SCS operating exemptions, renewals and/or Health Canada funding applications, without the approval of the Minister. Peel does not undertake these applications as they are undertaken by Moyo. Providing municipal funding or space for an SCS does not appear to be prohibited under the legislation. Notwithstanding the differing interpretation, Regional staff feel that Peel must respond in accordance with the province's position to minimize risk.

Regional staff have requested a letter from the Ministry of Health formalizing its position in writing that the Peel SCS must be closed, however, were advised that written direction cannot be provided during the provincial writ period.

4. Transition Plan

With the closing of Peel's UPHNS supervised consumption and drug checking services, a transition period is required to wind down operations and support clients with access to public health and community-based harm reduction services as well as Homelessness and Addiction Recovery Treatment (HART) Hubs.

To satisfy the contract, Moyo will continue to receive funding for the sixty (60) day period following the closure of the consumption and drug checking services. This period is needed to allow for the wind down of operations including referrals to other services and to continue to provide basic first aid, primary care, mental health, addictions, housing and other social services. This period will also allow for the year one evaluation analysis to be completed which will be valuable for informing future recommendations.

A HART Hub has been approved in Brampton, led by CMHA Peel Dufferin. HART Hubs are three-year demonstration projects that aim to support the treatment and recovery of

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individuals with complex needs. They do not allow supervised consumption or needle exchange services. Naloxone may be made available on site.

5. Next Steps

Peel Public Health will continue to work with community partners to advance evidence-informed interventions, including provision of naloxone, to reduce substance-related harms and overdoses for individuals, families and communities in Peel. This will include an enhanced service delivery plan to augment existing harm reduction services to support service users accessing the UPHNS. While services will be bolstered to mitigate the loss of SCS in Peel and the GTHA, it is important to note that these services will not be able to replicate the life-saving interventions that SCS provide upon a service user accessing the health service.

The year one evaluation report of the UPHNS will be completed and a report will be shared with partners and other interest holders.

In addition, a community co-design process will be initiated in Spring 2025 to develop an expanded substance strategy. This strategy will serve as an update to the Peel Opioid Strategy and identify approaches and collective actions to address the causes and effects of harms of substance use, related to prevention, harm reduction, treatment and justice/enforcement. Regional Council will receive updates as the strategy development progresses.

FINANCIAL IMPLICATIONS

In July 2022, Regional Council approved a two-year pilot totaling \$5.8 million to be funded from the tax stabilization reserve. As of December 31, 2024, a total of \$1.2 million has been funded from the reserve. There is adequate funding remaining in the pilot program until the March 31, 2025, closure and the 60-day winddown period following. The 2025 costs are projected to be \$0.51 million and any unspent funds from the original pilot budget will remain in the reserve. The implementation of enhanced harm reduction services will be monitored, and any additional resources required may be identified through the 2026 budget process.

CONCLUSION

Peel is committed to supporting service users of the UPHNS through the transition period following the closure of the UPHNS to prevent substance-related harms and overdoses. This transition will help support the community to ensure harm reduction outreach programs and services are in place prior to the UPHNS closure.

In addition, Peel Public Health and community partners will continue to work with and support people who use substances and their communities to mitigate related substance use harms and overdoses to support a Community for Life.



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