Association of Municipalities of Ontario

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The Opioid Crisis: A Municipal Perspective

Introduction

For nearly a decade, the opioid crisis and the increasingly toxic drug supply have devastated communities across Ontario. In 2023, more than 2,500 Ontarians died due to opioids, in communities big and small, rural and urban, northern and southern. These losses and resulting impacts on families, friends and communities are a tragedy.

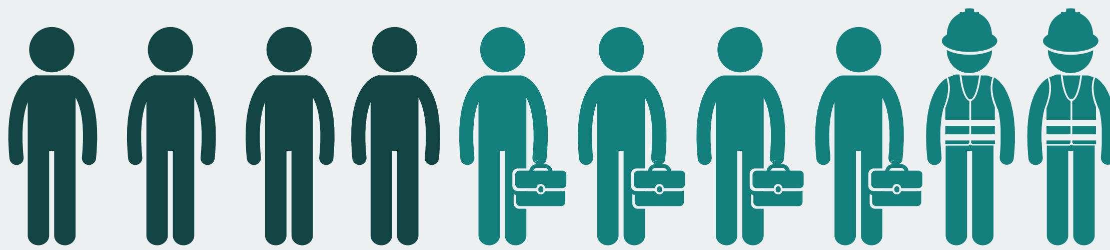
In addition to its human toll, the opioid crisis has had a profound social and economic impact on municipalities across Ontario, including significant budget pressure on key municipal services, like emergency response, homelessness prevention and affordable housing, and public health services.

The public and communities are understandably frustrated by the lack of a real plan to address what has become a humanitarian crisis in Ontario. This is contributing to increasingly divisive political rhetoric around these complex challenges that distract from the lack of action and lead us further from real solutions. The path forward on the opioid crisis cannot be a debate between public safety and public health – it must be a balanced approach. There is no healthy community that isn't also safe. And there is no safe community where people aren't also healthy.

As outlined in previous AMO reports on the opioid overdose emergency and the need for an integrated approach to mental health and addictions, the root causes of the opioid crisis are multi-faceted and compounded by decades of provincial failure to adequately invest in social systems that support income security, provide deeply affordable housing, and prevent or address mental health and addictions. A complex challenge like the opioid crisis cannot be solved by simple, short-term, stand-alone solutions. To meaningfully address this crisis, action is needed across a whole continuum of interventions, including investments in prevention, treatment, and enforcement/justice systems, and harm reduction. These actions are inherently connected and supportive of one another.

Municipalities are the front-line of addressing the toxic drug crisis but can't solve it alone. We urgently need provincial leadership and meaningful action.

Ontarians of different backgrounds are dying from the toxic drug crisis.



A 2021 study revealed that nearly **60 percent of people who died from opioid toxicity were employed** and one-third of these people worked in the construction industry.[1]

The impacts of opioid-related deaths are worse for urban Indigenous people (88 percent of Indigenous people in Ontario).[2] Additionally, First Nations are largely over-represented in opioid-related deaths, with a mortality rate approximately 4 times higher than the rest of the population.[3]

Almost 50 percent of people who died from opioid-related toxicity **have not been diagnosed with opioid use disorder** (opioid addiction) in the previous five years.[4]

Between 2013 and 2021 the rate of opioid-related deaths among youths in Ontario **increased by more than 360 percent** while the rate of youth seeking opioid agonist therapy decreased by more than 50 percent.

Municipalities are on the Frontlines of Responding to the Opioid Crisis

As the order of government closest to people, municipalities are responsible for delivering public health programs; providing emergency services and tools for community safety; responding to the homelessness crisis; and funding, maintaining, and expanding deeply affordable housing. This role has put municipalities at the front lines of responding to the opioid crisis that continues to impact communities across Ontario.

While the crisis reached a peak during the COVID-19 pandemic with more than 2,800 deaths related to opioids in 2021[5], the drug supply in Ontario has grown even more toxic and the number of deaths remains higher than pre-pandemic levels. This crisis is not confined to Ontario's urban centres. Opioid-related deaths are occurring across the province. In 2023, opioid-related deaths were reported in all Public Health units from Timiskaming Health Unit with a population of just over 32,000 to Toronto Public Health with a population of nearly 2.8 million. Five of the top 10 communities with the highest rate of opioid-related deaths in 2023 are located in northern Ontario.[6]

In addition to the human toll, the opioid crisis has had real impacts on local economies and quality of life that municipalities are not equipped to manage alone. Unlike municipalities in other provinces and territories, Ontario municipalities are responsible for cost-sharing and delivering public health programs. These programs include those that prevent or delay substance use, reduce the harms associated with problematic substance use, support health system partners to re-orient health services and meet population needs, including treatment and recovery services.

Ontario municipalities also play a unique role in social housing where municipalities and District Social Services Administration Boards (DSSABs) are tasked with co-funding, planning and administering community housing and homelessness prevention programs in Ontario.[7] According to the Financial Accountability Office of Ontario, municipalities spend approximately $1 billion each year on housing programs in addition to provincial and federal spending.[8] Municipalities continue to grapple with the homelessness crisis, and the dramatic increase in homeless encampments across Ontario, that is interconnected with the toxic drug crisis. In a 2018 survey by Employment and Social Development Canada, addiction or substance use was the most commonly cited reason for housing loss, with more than 25 percent of respondents saying that substance use was a reason for their most recent housing loss.[9] Another study by the Institute for Clinical Evaluative Sciences found that one in six people who died from opioid overdoses in 2021 were homeless compared to one in 14 in 2017.[10]

The opioid crisis impacts emergency services delivered by municipalities. The Canadian Centre on Substance Use and Addiction estimates that more than $250 million in police and paramedic costs in 2020 can be partially or fully attributed to opioids.[11] Fire Services are also seeing dramatic call volume and cost increases. Municipalities are bearing the majority of these cost pressures.

The toxic drug crisis is devastating individual lives, families, and communities across Ontario. Municipalities are building partnerships within their communities, sharing information, and delivering supports and services on-the-ground every day. But they cannot do it alone. Provincial and federal leadership is needed to move beyond the political rhetoric and take concrete action to bring all resources to the table and to address this crisis.

A Complex Problem Requires a Multi-Faceted Solution

The opioid crisis is complex. Its root causes are intertwined with broader societal challenges like homelessness, poverty and the increasing cost of living, mental illness, criminal justice, and intergenerational trauma carried by Indigenous communities. We must resist becoming overwhelmed by this complexity and doing nothing. We must also recognize that short-term, stand-alone interventions will not provide the solution.

AMO supports the City of Toronto's call for a coordinated federal-provincial-municipal response to the opioid crisis based on the following evidence-based priorities:

- Opening 24/7 Crisis Centres to relieve pressure on emergency departments and provide appropriate care and case management supports;
- Expanding access to evidence-based treatment for substance use to ensure people who want to recover can receive the care they need in a timely fashion;
- Supportive housing to address complex needs and provide a safe foundation for recovery;
- Cross-sector collaboration, featuring wrap-around social supports and referral pathways to primary care; and,
- Robust evaluation and monitoring with a pathway to permanent, long-term provincial funding for healthcare services based on results.

Prevention

Addressing the opioid crisis over the longterm will depend on slowing the flow of people into addiction in the first place. Investments in prevention could help give people, especially young people, different paths than substance use. These interventions should be culturally-relevant for the diversity of people in Ontario. Given that 88 percent of Indigenous people in Ontario live off-reserve in municipalities,[12] this approach should also include Indigenous-led approaches. In addition, provincial action on the social determinants of health – including fixing Ontario's broken income security and affordable housing systems – is desperately needed.

There are international models that could be considered and adapted to the Ontario context. For example, the Icelandic Prevention Model involves the collaboration of stakeholders that are in the immediate vicinity of children and young people who are mobilized make societal changes that can increase the likelihood that young people will use their time in a positive, constructive way.[13] The CHAMPS model (CHildren AMplified

Prevention Services) from the United Nations Office on Drugs and Crime is also useful for implementing interventions for the population at large, for groups particularly at risk, and for symptomatic individuals including those with signs of substance initiation.[14]

These and similar models are being piloted within Ontario. However, prevention funding must be longterm, sustainable, and substantial to have population-level benefits. Prevention is the way out of this crisis in the long-term, but those results will not follow a four-year election cycle.

Municipalities are experts in delivering programming that supports community well-being, community engagement and recreation and could be an important partner in implementing longterm prevention programs across Ontario.

Treatment

Everyone agrees that we need better access to evidence-based treatment. While the province has made progress through Roadmap to Wellness, waitlists are far too long, medically supervised withdrawal management remains unavailable to too many, and 24/7 crisis beds are rare. According to data from ConnexOntario, wait times for bed-based treatment, counselling and withdrawal management can often take months and sometimes up to a year.

A comprehensive treatment approach should include a range of holistic and evidence-based treatment options with same day access (e.g., bed-based, outpatient, outreach, and virtual), including culturally-appropriate Indigenous-led approaches. While bed-based treatment services are an important component, they are very expensive and are not always the best treatment option for all people in need of care.

There has been a growing conversation about whether legislative changes to permit involuntary treatment for substance use disorder are needed to address this crisis. Right now, people across Ontario want access to voluntary treatment medications, counselling, or bed-based services, but can't get it fast enough. Emphasis should be on providing treatment to those who want it rather than being pulled into contentious debates that will distract from making progress on this crisis.

Involuntary Treatment

Research shows that voluntary treatment consistently outperforms involuntary treatment, which has limited benefits, high costs, and legal and ethical issues.[15,16,17] Involuntary treatment can be a traumatic experience that does not improve the individual's health and has been shown to substantially increase the risk of overdose after release by decreasing a person's tolerance without effectively treating their substance use disorder.[18,19] Involuntary treatment models also risk violating sections 7 and 15 of the Charter of Rights and Freedoms[20] and have been opposed by United Nations entities.[21] Scaling up voluntary, evidence-based, low-barrier treatment options will more effectively treat addiction and reduce the risk of overdose associated with untreated or inappropriately treated substance use disorders.[22,23]

Enforcement

Political rhetoric around decriminalization has taken too much focus in recent months and has become a distraction from taking concrete actions that would have an immediate impact on the ground.

More help is needed for first responders, who are increasingly supporting individuals in crisis due to mental health and substance use challenges.

Paramedic students require enhanced training on mental health and addictions in order to provide appropriate care to those in crisis as well as resiliency training to ensure they can care for their own mental health and well-being. There is broad agreement on the need to better connect people to treatment. The province should continue to explore opportunities for paramedics to play a role in connecting people with opioid agonist therapy (e.g., Suboxone).

Police are increasingly encountering people who use substances who may be a harm to themselves or others. While the *Mental Health Act* gives authority for police to apprehend people who may be a safety risk, it does not provide sufficient clarity to police about where people can be taken for help. Neither emergency departments nor correctional services are good locations to access supports. Other models, like 24/7 crisis centres and regional detox facilities should be considered and scaled up to provide one-window access to support and places for police and paramedics to bring people in crisis.

A 24/7 Crisis Centre Model

The Mental Health and Addictions Crisis Centre in London, Ontario was launched in 2016 to support individuals experiencing a mental health and addictions crisis. The Centre offers crisis stabilization space and information and supports for people experiencing mental health and/or addiction-related concerns, alleviating pressures on hospital emergency departments. It is open 24/7 for walk-ins and for police and paramedics to drop off or transfer individuals in need of supports. In 2023/2024 the Centre diverted more than 1,600 incidents from emergency departments. This model has proved to be highly effective in providing care within the community while diverting individuals from emergency departments and emergency services.

Harm Reduction

Harm reduction includes policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use. Given the toxicity of the drug supply in Ontario, harm reduction can keep people safe until they

are ready to access treatment or another path. There are significant benefits from a resource perspective, as the overdose-related impact on police, paramedics, and hospitals can be mitigated and capacity allocated to other priorities.

AMO welcomes recent provincial investments in mobile crisis response teams that bring addictions care into the community. The province should further expand this model and put it on long-term, sustainable footing so that these teams have the capacity to engage more people who use substances and help connect with the harm reduction and treatment supports they need.

What are supervised consumption sites?

The provincial government funds 17 Consumption and Treatment Services sites in Ontario, with only one in Northern Ontario. All CTS sites are required to provide wrap-around services including pathways to mental health and substance use treatment services. Most CTS sites in Ontario are run by Community Health Centres or local public health units. These organizations go through a rigorous review process including significant community consultation to ensure public safety. Additionally, Urgent Public Health Needs are temporary supervised consumption sites that are approved by the federal government, but don't receive any provincial funding.

Supervised consumption sites are an important component of Ontario's harm reduction approach. A recent study of supervised consumption sites in Toronto found that a city-wide reduction in overdose mortality rate of 42 percent after the implementation of supervised consumption sites. In addition, neighbourhoods containing or near these sites had the greatest reduction in overdose death rates.[24] Supervised consumption sites can also contribute to healthcare savings. A study of a supervised consumption site in Calgary found that $1,600 in savings is generated for every overdose managed at a supervised consumption site.[25] To further support the most vulnerable people, these sites should support current drug-use patterns, including drugs consumed by inhalation, since nearly half of deaths involved inhalation between 2018 and 2021.[26]

The evidence shows that these sites help save lives. They should be approved and funded based on demonstrated local need and community engagement. A number of supervised consumption sites that were helping community health and well-being have been forced to close due to a lack of provincial funding. Municipalities should not be struggling to fund locations that their local community has deemed necessary from the property tax base or short-term partnerships with health care providers. Local governments know what their communities need, but they cannot and should not fund these healthcare costs.

There is also emerging evidence that safer supply programs are having a positive impact on both individuals and communities.[27] Safer supply is prescribed medication as a safer alternative to the toxic drug supply and can also involve connecting participants with broader health and social services, like counseling, employment or housing supports. Safer supply pilots in Ontario are primarily funded through time-limited federal programs set to expire next year. A sustainably-funded provincial program that provides a prescribed safer supply as one part of a continuum of interventions after people have tried more traditional treatments like opioid agonist therapy could ensure consistent programs and long-term evaluation. For example, through a provincial program, controls could be put into place to mitigate risks like diversion and ensure wrap-around supports are provided to participants.

How could a provincial safer supply program help? A study from the Ontario Drug Policy Research Network reviewed 20 publications outlining qualitative and/or quantitative results from safer supply programs in Canada. This review revealed that participants in safer supply programs reported decreased criminal involvement, had fewer fatal and non-fatal overdoses, fewer emergency department visits and hospitalizations, and improved physical and mental health.[27]

Different municipalities will have different perspectives on whether, where and how harm reduction interventions make sense in their community. This is the role of municipal government. But these important tools need to be broadly available to those municipalities who have identified local needs and worked with local partners on plans for where and how to deploy these resources. The current uncertainty regarding the future of harm reduction programming and a lack of response to municipal applications for provincial funding not only fails to respect local decision-making, it fails to take action on the drug crisis and the complex factors that underpin it.

Conclusion

The opioid crisis is complex and interconnected with income insecurity, the lack of deeply affordable housing, intergenerational trauma carried by Indigenous communities, and insufficient investment in the broader mental health and addictions supports.

A complex problem requires a multi-faceted strategy that addresses the social determinants of health, provides long-term investment into prevention, and appropriately supports treatment, enforcement and harm reduction approaches.

Municipalities have been on the front lines of responding to the opioid crisis but need the province to come to the table, move past divisive political rhetoric, and take concrete action to support Ontario's residents and communities.

This report was developed with the support and input from experts in public health, hospital and community-based addictions treatment, local drug strategies, housing, social services, urban Indigenous services, the business community, and those with lived experience, as well as the following AMO partners:

- Ontario Association of Chiefs of Police
- Ontario Association of Paramedic Chiefs
- Ontario Association of Fire Chiefs
- Addictions and Mental Health Ontario
- Canadian Mental Health Association – Ontario

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Association of Municipalities of Ontario (AMO)
155 University Ave., Suite 800, Toronto, ON M5H 3B7

Telephone direct: 416-971-9856
Fax: 416-971-6191
Toll-free in Ontario: 1-877-4-AMO-LAS (1-877-426-6527)
E-mail: amo@amo.on.ca
Website: www.amo.on.ca