



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Open Letter to Health Minister Christine Elliott: Save lives during the overdose emergency by implementing public health evidence

August 2, 2018

Hon. Christine Elliott
Minister of Health and Long-Term Care
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Sent by email: christine.elliott@pc.ola.org; h.watt@ontario.ca

Dear Minister Elliott,

The Registered Nurses' Association of Ontario (RNAO) was disappointed to learn that the province of Ontario was reviewing the evidence on supervised injection services (SIS) and overdose prevention services (OPS) to "see if they have merit and are worth continuing."¹ Will the Ministry of Health and Long-Term Care (MOHLTC) be doing the same thing with intensive care units and emergency services to see if they offer value? Like care provided in hospitals, SIS and OPS are evidence-based health services that save lives every day.

The difference is that SIS and OPS are inherently providing health services to a highly stigmatized and marginalized population that routinely experiences discrimination. It is critical that the MOHLTC demonstrate in its actions that every Ontarian is respected and valued by providing equitable access to life-saving health services.

Experts in public health, front-line clinicians, harm reduction staff, and people with lived experience are all urging you to heed the robust peer-review evidence that shows conclusively that SIS and OPS save lives and open the doors to treatment possibilities. Worried about people currently accessing their OPS, the executive director of the Guelph Community Health Centre said, "I think without question that what we would see is increasing deaths in our community, if we're forced to close our doors."² "To put it bluntly, we'll have a lot more dead people," said Nick Boyce, director of the Ontario HIV & Substance Use Training Program.³ RN Leigh Chapman, one of the founders of the Moss Park Overdose Prevention site, and whose brother died of an overdose, has explained that if the services are shut down, some users of OPS "won't be alive long enough to take advantage of rehabilitation services" as "you can't treat people if they're dead."⁴

We urge you, Minister Elliot, not to ignore these stark warnings. Consider the public health evidence from United States^{5 6} and British Columbia,⁷ which have been dealing with the overdose crisis for a longer period of time than we have been in Ontario. The magnitude of the threat to the health of the public is demonstrated by the fact that life expectancy in these jurisdictions is actually declining, instead of increasing as in other high-income jurisdictions. According to preliminary data, in 2017 opioid poisoning took the lives of at least 3,987 Canadians,⁸ including 1,261 Ontarians⁹ and 303 Torontonians.¹⁰ Despite the dedication and efforts of many health professionals, peer workers, and community volunteers, the death toll continues to rise.^{11 12}

There is overwhelming peer-reviewed research done by experts in public health and public policy. The evidence supports implementing SIS and OPS as a means to reduce fatal overdoses as part of a comprehensive response to drug use.^{13 14} In 2011, the Supreme Court of Canada ruled unanimously that Canada's first government-sanctioned SIS would continue as a vital health service: "Insite saves lives. Its benefits have been proven."¹⁵ In February 2018, RNAO released a best practice guideline on *Implementing Supervised Injection Services* in order to support excellence in the clinical practice of nurses and others working with people who inject drugs.¹⁶ In fact, Canada's strategies to reduce overdose deaths are being spotlighted as a lesson to reduce overdose deaths in the United States.¹⁷

It is extremely disconcerting that Ontario could be perceived as wavering in its commitment to evidence-informed health policy. From October 12, 2017 until May 4, 2018, the Ministry Emergency Operations Centre (MEOC) was activated to respond to the overdose crisis. RNAO finds it worrying that the MOHLTC moved its status from "activation" due to the overdose emergency to "routine monitoring and engagement"¹⁸ without notice, rationale, or consultation with stakeholders such as RNAO. The progress that has been made must not be jeopardized. Ontario must scale up to address the overdose poisoning emergency by implementing a comprehensive strategy that includes prevention, harm reduction, treatment and rehabilitation services. RNAO urges the MOHLTC to:

- Immediately extend approval and funding for all existing temporary OPS across the province for an additional six-month period. Action must be immediate as the funding for Ontario's first sanctioned temporary overdose prevention site in London is due to expire on August 15, 2018;¹⁹
- Scale up additional temporary and permanent OPS and SIS based on the epidemiological data and needs of the community, with adequate funding and support; and
- Recall and work in a meaningful way with the Opioid Emergency Task Force.²⁰

Preventing deaths from overdoses must be treated with the same rigour and commitment as other avoidable deaths that are not stigmatized. We all share the responsibility and consequences of further marginalizing extremely vulnerable groups.

Minister Elliot, your leadership in using public health evidence is critical in saving lives. RNAO and its members stand ready to work with you to improve health and reduce health inequities.

With warmest regards,



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Andrea Horwath, Leader of the Official Opposition
John Fraser, Interim Leader of the Ontario Liberal Party
Mike Schreiner, Leader of the Green Party of Ontario
France G linas, NDP Health Critic
Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care

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