# Letter Template: Accidental opioid overdoses (Provincial Minister of Health)

Hon. Christine Elliott

Minister of Health

80 Grosvenor Street

Hepburn Block, 10th Floor

Toronto, ON M7A 2C4

[insert date]

Re: Remove barriers to opening and accessing life-saving supervised consumption services in Ontario

Dear Minister Elliott,

The province of Ontario has seen a devastating increase in opioid-poisoning deaths over the past years. With an average of five Ontarians dying each day from an accidental opioid overdose, it is no wonder that many have proclaimed this public health emergency as the defining health crisis of our time. As the MPP representing [insert riding], I cannot continue to ignore the pleas from my constituents, including service users, family members and health professionals, who are calling for access to consumption treatment services (CTS) in my riding.

As you’ll know supervised consumption services (SCS), whether they are supervised injection services (SIS), overdose prevention services (OPS), or consumptions and treatment services (CTS), are vital health services that help keep people alive in a context of increasingly dangerous drug supply. These services allow people to inject previously-obtained drugs under the supervision of registered nurses (RN), nurse practitioners (NP), and other trained health workers, who provide sterile supplies, overdose prevention and management, as well as other health and social support services.

These services prevent fatal poisonings by quickly administering oxygen and/or Naloxone. They enable health professionals and outreach workers to build relationships with people who use drugs. By meeting with people in a non-judgmental and compassionate way, these services support people with addictions to access primary health care, treatment, and rehabilitation services, if and when they are ready to do so.

I am requesting the following of you:

* Lift the cap on CTS sites and provide consumption treatment services in every community in need of such services.
* Ensure sufficient funding and support to address the current shortage of treatment, recovery resources and mental health and addiction services mandated by the CTS model.
* Seek a province-wide exception under [site the Act and appropriate exception] from the Federal Government
* Streamline and expedite the Province’s CTS application process to prevent unnecessary deaths

Thank you for consideration. The deaths and consequent pain and suffering that my constituency has experienced from opioid poisoning must end. I urge you to implement these recommendations as soon as possible. I’d be happy to talk about this or any other matter impacting my constituency at your convenience.

[MPP Name]

[Riding]

[Address]

CC: Kyle Dieleman, RNAO, kdieleman@RNAO.ca

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# Letter Template: Accidental opioid overdoses (Associate Minister of Mental Health & Addictions)

Hon. Michael Tibollo

Associate Minister of Mental Health & Addictions

Ministry of Health

777 Bay St.

Toronto, ON

M7A 2J3

[insert date]

Re: Remove barriers to opening and accessing life-saving supervised consumption services in Ontario

Dear Hon. Michael Tibollo,

The province of Ontario has seen a devastating increase in opioid-poisoning deaths over the past years. With an average of five Ontarians dying each day from an accidental opioid overdose, it is no wonder that many have proclaimed this public health emergency as the defining health crisis of our time. As the MPP representing [insert riding], I cannot continue to ignore the pleas from my constituents, including service users, family members and health professionals, who are calling for access to consumption treatment services (CTS) in my riding.

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[MPP Name]

[Riding]

[Address]

CC: Hon. Christine Elliott, Minister of Health

Kyle Dieleman, RNAO, kdieleman@RNAO.ca

# Letter Template: Accidental opioid overdoses (Prime Minister)

Dear Rt. Hon. Justin Trudeau,

[insert date]

Re: Ontario’s opioid crisis

Accidental deaths resulting from a toxic opioid supply are impacting communities, large and small, across the country. The recent report of the Public Health Agency of Canada placed the number at 12,000 deaths across Canada over the last three years alone. Ontario, and my riding of \_\_\_\_\_\_\_\_\_\_, has not escaped this public health crisis. Ontario’s own public health agency, Public Health Ontario, recently reported that the number of accidental opioid deaths was escalating, reaching almost 1500 in 2018. That’s an average of four Ontarians every day.

I am seeking your support to address this crisis. As it now stands, both the federal and provincial governments have separate application processes for supervised consumption sites in Ontario. These application processes are both duplicative and onerous, causing delays in our collective ability to respond and, consequently, unnecessary deaths. I am asking you to provide a blanket exemption for the Province under section 56.1 of the Controlled Drugs and Substances Act (CDSA) so that we can respond more speedily to this crisis and save lives.

Thank you very much for your attention to this issue and I look forward to working with you to end this public health crisis.

Yours sincerely,

[MPP Name]

[Riding]

[Address]

CC: [Federal Minister of Health]

 [Provincial Minister of Health]

 [Member of Parliament (your riding)]

 Kyle Dieleman, RNAO, kdieleman@RNAO.ca

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# Letter Template: A better approach to long-term care

Hon. Merilee Fullerton

Minister of Long-Term Care

6th Floor, 400 University Ave.

Toronto, ON

M7A 1T7

[insert date]

Re: Establishing minimum staffing levels and transforming funding models to improve quality of care and resident safety in Ontario’s long-term care homes

Dear Minister Fullerton,

In order to ensure the safety and security of the residents of long-term care homes, Ontario needs to change how they are funded and staffed. This point was made clear by the report of the The [*Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System*](https://longtermcareinquiry.ca/en/). I am asking you to accept and implement, as a priority of your Ministry, two of the report’s recommendations in particular:

1. Recommendation #85

The Ministry of Health and Long-Term Care should conduct a study to determine adequate levels of registered staff in long-term care (LTC) homes on each of the day, evening, and night shifts. The Minister of Health and Long-Term Care should table the study in the legislature by July 31, 2020. If the study shows that additional staffing is required for resident safety, LTC homes should receive a higher level of funding overall, with the additional funds to be placed in the nursing and personal care envelope.

1. Recommendation #20

The Ministry of Health and Long-Term Care should encourage, recognize, and financially reward long-term care homes that have demonstrated improvements in the wellness and quality of life of their residents.

I would also urge, in addition to these recommendations, that savings flowing from the implementation of best practices and consequent improved resident health be wholly invested in measures to further improve resident health. This initiative would, I believe, incent the implementation of best practice guidelines and serve residents and their loved ones well.

Quite apart from the issues raised in the report, we know that Ontario’s long-term care sector is facing some very significant challenges. We currently have a significant shortage of beds in the sector, a problem compounded by an aging population with increasingly complex health issues. I urge you to take the opportunity presented by the report and its recommendations to ensure that we fix the staffing and funding issues in the sector, ensuring that we have long-term care homes in Ontario that are able to provide the best care possible to their residents now and into the future.

Thank you for your attention to this critical issue. If you have any questions or concerns about any of the above, I’d be happy to address them.

[MPP Name]

[Riding]

[Address]

CC:Kyle Dieleman, RNAO, kdieleman@RNAO.ca