

Ontario AIDS Network, 2022 Provincial Election Toolkit  
**Ontario Votes on June 2, 2022**



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This is the time to raise issues facing Ontario's HIV/AIDS sector with candidates and parties. As we move into the next term of provincial leadership, we hope to generate renewed and lasting commitments from political candidates concerning important policy, support, treatment, and program delivery issues facing community-based agencies, AIDS Service Organizations (ASOs), and Ontario's people living with and at risk for HIV/AIDS.

## About This Toolkit

This toolkit was created for OAN member organizations. It has been crafted with input and support from OAN member and partner organizations, including:

- 2-Spirited People of the 1st Nations
- AIDS Committee of North Bay and Area (ACNBA)
- Black CAP
- Casey House
- Gay Men's Sexual Health Alliance GMSH
- HIV & AIDS Legal Clinic Ontario (HALCO)
- HIV/AIDS Regional Services (HARS)
- Ontario Harm Reduction Network (OHRN)
- Ontario HIV Treatment Network (OHTN)
- Pozitive Pathways Community Services
- The ODSP Action Coalition
- The Teresa Group

Ontario's HIV sector can play an important role in generating conversations and debate and in mobilizing voters. In this regular, general election cycle, we're focusing on five key issues impacting people living with HIV/AIDS and those working in our sector. They can be found in the Key Election Issues section of this package.

To help our members generate dialogue with parties, the OAN has created this toolkit containing:

- Key Election Issues Impacting Ontario's HIV Response
  1. Delivering and anti-racist and anti-stigma HIV/AIDS response
  2. Diagnosis and retention in care
  3. Medication access and province-wide universal pharmacare
  4. Addressing the drug policy, poisoning and overdose crisis
  5. Insufficient and Stagnated ODSP Rates and Supports
- Questions for Political Candidates
- Data and Resources
- Tips for Getting Out the Vote



# Making Our Voice Heard

The OAN has no political affiliation and must avoid partisan activities. However, we believe it is vital to raise awareness of political issues surrounding HIV/AIDS in Ontario.

In 2022, HIV remains a public health emergency in our province. People living with HIV and community-based HIV programs continue to be deeply impacted by our political system and its representatives, and the ongoing COVID-19 pandemic. This is the time to raise important issues with candidates, parties, and voters in our network.

There are a number of other opportunities we urge you to consider in raising HIV issues during this election.

## Mobilize the Issues

This provincial election cycle, it is important to collectively amplify the voices of the HIV/AIDS sector with multiple, complementary activities targeting the parties and candidates. The OAN encourages members to connect with your immediate community to let them know the potential impacts of this election and the commitments each party has made to address HIV/AIDS.

If you are unsure who your local candidates are, visit each party's page to see who is running:

- [Conservative Party Candidates](#)
- [Green Party Candidates](#)
- [Liberal Party Candidates](#)
- [NDP Party Candidates](#)

## Connect With Candidates

Encourage your community members to reach out to candidates and ask them about their commitments to the fight against HIV/AIDS. You can find sample questions for candidates in each Key Issue sections of this toolkit. Use your agency newsletter, emails, meetings, or social media to spread the word about issues that are most important to your agency's work.

Write or email candidates in your area asking their response in writing to the questions posed in this toolkit or questions related to your agency's work and/or community's needs (feel free to add background information in this toolkit to craft your communication).

Write letters to the editor of a local publication urging voters to consider candidates' commitments to the issues presented in this toolkit and other key aspects of Ontario's HIV response.

## Attend Candidate Debates

Encourage a member of your board of directors to attend candidate debates and ask questions (note that in most formats people are only allowed one question each). You may want to write several questions down in advance so that you are ready.

If you are unsure when candidate debates will take place, reach out to your local candidate's office for details. Once you have confirmed debate dates share the time and location/access details with your members. Consider meeting-up with members at debates and coordinating your response or questions.

## Remind, remind, remind!

It often takes several reminders to get folks out to vote. Create a schedule for social media posts and emails with a building narrative to encourage action for example, "Only 10 days until the election!".

## Key Election Issues

1. Delivering an anti-racist and anti-stigma HIV/AIDS response
2. Diagnosis and retention in care
3. Medication access and province-wide universal pharmacare
4. Addressing the drug policy, poisoning and overdose crisis
5. Insufficient and Stagnated ODSP Rates and Supports

We recognize that this is not an exhaustive list and understand that our election work will also be inclusive of a number of additional and intersecting issues. These include, affordable housing, food insecurity, expanded services and equity for people with disabilities; protecting the rights and wellness of people with a history of incarceration and/or criminalization; and expanded availability of French language services and resources. It also includes meaningful consultation and collaboration with people living with HIV/AIDS in the development of policy and programs (including people who use drugs, sex workers, newcomers, and migrant workers, 2SLGBTQ people, and transgender people).

# 1. Delivering an Anti-racist, Anti-stigma HIV/AIDS Response

Ontario's equity-seeking communities carry the burden of the HIV/AIDS epidemic. In day-to-day life, Black, Indigenous, and racialized people living in Ontario face significant HIV-related stigma, compounded by racial discrimination as well as the systemic inequities embedded within Ontario's healthcare and social support systems. Research shows that racialized individuals face additional systemic barriers (e.g., racism, higher rates of poverty, food insecurity, and housing instability) that increase vulnerability to HIV infection and late diagnosis, illness, and death; and additional obstacles to accessing treatment and care.

Data have long shown that Black, Indigenous, and racialized people are overrepresented among people living with HIV. This is also the case with individuals who identify as gay, bisexual, and other men who have sex with men. For many people living with HIV the barriers created by anti-Black racism, anti-Indigeneity, and other forms of racism, sexism, homophobia, and transphobia regularly intersect with HIV-related stigma. In turn, this compounds barriers to care, wellness, and equity and undermines individual and community rights to dignity, safety, and HIV treatment and medication. HIV stigma is also known to delay connections to HIV prevention and long-term retention in HIV care—a treatment cycle formally known as the Care Cascade. An extensive body of literature describes and affirms the profoundly harmful and negative impacts of pervasive HIV-related stigma on individual mental and physical health.

Additionally, HIV services, resources, and medical care for French-speaking Ontarians remains limited. Like food, housing, and medication access, language is a social determinant of health. While little research has been carried out to identify the gaps in accessing prevention, testing, and HIV care among French-speaking people in Ontario, it is clear that additional services, resources, and French-speaking medical personnel are needed.

## Data and Figures

### First-time Diagnoses in Ontario

- In 2019, Ontario had 687 first-time HIV diagnoses; of those, 515 were among males, 169 were among females.
- Male-to-male sexual contact remains the predominant HIV exposure category; In 2019, among the 480 first-time HIV diagnosis with a reported HIV exposure category, a majority (59.2%) reported male-to-male sexual contact, and this has remained stable over time.
- Gay, bisexual, and other men who have sex with men (GbMSM) continue to account for more than 6 out of 10 diagnoses in Ontario (2019).

### First-time Diagnoses within Priority Populations

- 64% among gay, bisexual and men who have sex with other men.
- 27% among African, Caribbean, and Black people (In 2019 ACB people made up 4.6% of Ontario's overall population).
- 25% among women.
- 12% among people who inject drugs.
- 5% among Indigenous people (In 2020, Indigenous people made up 3% of Ontario's overall population)

## African, Caribbean, and Black (ACB) Communities

- ACB people made up approximately one quarter of first-time diagnoses in Ontario in 2019.
- The majority of ACB men diagnosed for the first time in 2019 (64%) reported male-to-male sexual contact as their risk factor for infection, while most ACB women diagnosed for the first time (85%) reported heterosexual contact with identified risk.
- Looking specifically at first-time HIV diagnoses in 2019, approximately one quarter were among ACB people, whereas OHESI estimates ACB people made up only 4.6% of Ontario's overall population in 2019.
- Between 2010 and 2019, males made up a consistent majority (60%) of ACB people diagnosed with HIV for the first time. Of these, nearly two thirds were ABC males who were GbMSM.

## HIV Diagnoses Among Women

- In 2020, a total 4,288 women diagnosed with HIV were living in Ontario making up 22% of all people diagnosed with HIV living in the province.
- In 2020, 105 women were diagnosed with HIV for the first time, making up 21% of all first-time diagnoses.
- Of women diagnosed with HIV for the first time in 2020: 44.4% were Black, 13% were Indigenous

## Questions for Candidates

- How will you engage with Black, Indigenous, and racialized ASOs as collaborators in responding to and developing policies and programs that service racialized communities of people living with HIV?
- How would your government formally address inequality and systemic racism in health care and support service settings?
- What are your party's commitments to making equity and cultural safety training mandatory among workers providing services through public health and social support services i.e., CHCs, Health Units, FHTs, ODSP, and OW?
- How would your party empower an Anti-Racism Directorate to inform anti-racist policies and practices within the health and social service systems.
- What is your party's commitment to embedding Truth and Reconciliation in partnership with Indigenous communities and Indigenous service-users into the work health and social support services, in particular TRC recommendations 18, 20, 22, 23, and 24, each of which falls within provincial jurisdiction?

## Resources

[OHESI Report on HIV diagnoses in Ontario, 2019](#)

[Snapshot of HIV Diagnoses and the HIV care Cascade Among African, Caribbean and Black People in Ontario, OHESI](#)

[Snapshot of HIV Diagnoses and the HIV care Cascade Among Women in Ontario, OHESI](#)

[Black Experience in Health Care, Symposium Report](#)

[Building a framework and plan to address equity, inclusion, diversity and anti-race, Ontario Health A](#)

[Snapshot of HIV Diagnosis and the HIV Care Cascade among ACB people in Ontario](#)

[Truth and Reconciliation Report Recommendations on Health](#)

[OHESI releases new report on HIV care cascade in Ontario, 2018](#)

## 2. Diagnosis and Retention in Care

In Ontario, community-based, AIDS Service Organizations (ASOs) work to link people with or at risk of HIV to care, prevention, or referrals to other community-based social services. Every day, eighty-four (84) front-line organizations deliver programs along the HIV care cascade including prevention, harm reduction outreach, health teaching, testing, linkage to care, and treatment.

In 2019, more than 16,000 people accessed support services available through ASOs and community-based programs that help to reduce new transmissions of HIV, get people on treatment, and minimize the burden of HIV on the health care system. Additionally, these programs made 722 referrals to HIV clinical services for living with HIV, a 66% increase from the previous year. Now, in 2022, the COVID-19 pandemic has profoundly disrupted access to these services, particularly within local public health units where clinical sexual health services and HIV testing are offered.

### Disruptions to HIV Testing, Care, and Referrals due to COVID-19

Nurses and staff within the many local public health units that historically provided sexual health services, including HIV and STBBI testing and connection to treatment and care, have been re-deployed to the COVID-19 response. Throughout the pandemic, sexual health services and HIV testing have been unavailable or very limited, particularly in smaller communities. Yet, HIV testing remains a critical first step in connecting people to the HIV care cascade. Before people can be connected to HIV treatment (anti-retroviral therapy or ART), or prevention tools like pre-exposure prophylaxis (PrEP), it is important they receive testing and education about how to maintain their health. Effective testing strategies can help identify previously undiagnosed cases of HIV and get people into care that reflects their needs.

Two years on, the impact of COVID-19 disruptions on HIV testing, diagnoses, and surveillance data obscures trends and makes it difficult to interpret the current state of Ontario's HIV epidemic. We do know, however, that HIV testing rates in Ontario have fallen 26% since the beginning of the COVID-19 pandemic. The province has also recorded a 25% drop in first-time HIV diagnoses.

Anonymous HIV testing supports remains critical within Ontario's HIV response and is vital to ensuring many individuals seek out testing and learn their HIV status. In 2018-2019, the eight anonymous HIV testing clinics in Ontario (funded by the AIDS & Hep C programs) conducted 11,800 tests and connected 127 people newly diagnosed with HIV care.

Point of care testing sites across the province (both anonymous and nominal) are critical in connecting people with and at risk of HIV to treatment, care, and education about how to maintain their health. Effective linkage to services made during testing or shortly after diagnosis also develops referral pathways that connect people to other health and social services they need, such as housing programs, income support programs, settlement services, mental health, substance use, and harm reduction services.

Over the 40 years of the HIV epidemic, significant advances in HIV testing make it easier for individuals to learn their status and reduce the risk of infection. Each of the available testing types and strategies is essential to carrying out a successful HIV response, and to ending HIV as a public health threat in the next decade. This includes at-home (self-test) HIV testing kits recently



approved for use by Health Canada and being deployed into communities via two research projects, [GetAKit](#), and [I'm Ready](#). At-home self-testing provides low-barrier access to HIV testing and post-testing education, support, and connection to care. But, in order to use these and other novel testing modalities effectively, they must be scaled and widely available, and delivered in a manner that is culturally safe. To adequately begin to address service interruptions caused by the COVID-19 pandemic, the province must expand access to testing and programs to help individuals learn their HIV status and get connected to care. This includes an emphasis on reducing barriers to novel testing modalities such as at-home HIV testing.

## Increase in unaddressed co-morbid health conditions

As a result of a lack of diagnostic access and medical services during pandemic shut downs, many Family Health Teams are reporting an increase in advanced diseases. For people living with HIV, many of whom have continued to comply with their lab/blood work and adhere to their HIV medications, co-occurring conditions have arisen, worsened, and remained unaddressed throughout pandemic closures. Additionally, while HIV testing and connection to care have slowed and/or been limited, delays related to COVID-19 have left many people living with HIV without diagnosis and treatment for comorbid conditions often associated with HIV and requiring ongoing medical attention.

## Long-standing Barriers Persist

Many clients receiving ASO services say they face barriers connecting to HIV care, accessing and adhering to medications, managing symptoms, disclosure, and stigma or discrimination – barriers the province's HIV services help them overcome. Staying in care year after year isn't easy for anyone, but it is harder when people face other systemic barriers and challenges in their lives, such as poverty, unstable housing, immigration or settlement issues, mental health issues (e.g., depression, anxiety), substance use and other comorbidities.

People who are linked to care early are more likely to stay in care and to take treatments that will protect their health leading to better health outcomes and lower onward transmission of HIV to sexual partners. For people living with HIV, rapid linkage to treatment means the virus can be suppressed within just a few weeks to the point where it's undetectable. When viral load is suppressed and undetectable, the risk of onward transmission of HIV is effectively zero. This is known in the HIV sector as U=U (undetectable equals untransmissible). For people at risk, rapid linkage to PrEP can help them protect their health and avoid HIV infection.

## Data and Figures

- In Ontario, HIV testing rates have fallen 26% since the beginning of the COVID-19 pandemic.
- During the COVID-19 pandemic, Ontario has also seen a 25% drop in first-time HIV diagnoses (2020).
- In 2018-2019, the eight anonymous HIV testing clinics in Ontario (funded by the AIDS & Hep C programs) conducted 11,800 tests and connected 127 people newly diagnosed with HIV care.



## Questions for Candidates

- How would your party support the expansion and availability of low barrier access to at-home HIV self-testing tools?
- What is your commitment to ensuring public health units return to full capacity service offerings including sufficient staffing to deliver HIV testing and sexual health services following COVID-19 redeployments and closures?
- Referrals from AIDS Service Organizations (ASOs) to other community-based services are a critical piece of HIV care, but education and understanding of HIV within other sectors remain low. How would you ensure social service workers, mental health workers, frontline services providers are adequately educated about HIV and positioned to provide stigma-free support?
- As public health resources were redeployed to respond to the COVID19 pandemic, access to sexual health testing and services was greatly reduced in many communities who rely on public health to meet this need. What would your government do to ensure that sexual health services receive the resources they require to re-engage individuals seeking services, and how might AIDS Service Organizations (ASOs) play a role in supporting this work?"

## Resources

[OCHART Ontario's Linkage to HIV Care: Activities and Impact 2018-2019](#)

[COAHRT Ontario's HIV Support Services: Activities and Impact 2018-2019](#)

[Undetectable Equals Untransmissible \(U =U\) Position Statement, OAN](#)

[Get a Kit at-home HIV testing study](#)

[I'm Ready HIV self-testing](#)

[OHESI Impact of COVID-19 Pandemic on HIV testing and diagnosis in Ontario](#)

### 3. Medication Access and Province-wide Universal Pharmacare

While advancements in anti-retroviral (ART) medication mean HIV is no longer a death sentence, access to costly HIV medication remains a matter of life and death. HIV is a complex and unique disease that requires lifelong treatment, medication, and management. Viral suppression requires strict ongoing treatment adherence that can be difficult to maintain over the course of a lifetime, particularly when basic needs are not being met and employment and/or insurance coverage is not available or feasible. Even though Ontario offers coverage through various public programs, a 2019 study from the Ontario HIV Treatment Network Cohort Study (OCS) found that about 13% of cohort participants surveyed had trouble obtaining ART in 2020.

#### Fragmented and Patchwork Drug Coverage System

In Ontario, a complex, fragmented framework provides only a patchwork pathway to drug coverage and often leads to inconsistent and unreliable coverage and, ultimately, treatment non-adherence for many. Individuals living with HIV who do not have employer coverage for ART can apply for government-sponsored drug programs that provide varying degrees of drug coverage and often require remaining costs or expensive deductibles to be paid for out-of-pocket. These programs include the Ontario Drug Benefit (ODB) Program and the Trillium Drug Program. High costs, administration, and eligibility requirements can cause delays or interruptions to HIV treatment. When medication access is delayed or interrupted, it can cause grave health outcomes including HIV drug resistance (leading to a reduction in available/effective treatment options), permanent immune system damage, increased morbidity and mortality, and greater risk of onward transmission of the virus to others.

#### Expanding Access to PrEP to Prevent HIV Transmission

Expansion of low-barrier access to medication for people living with HIV must also include access to PrEP (Pre-Exposure Prophylaxis). PrEP involves taking one pill a day to prevent HIV from multiplying making it very difficult for the virus to infect the body. This medication is a highly effective way for people at high risk to have more control over their sex lives and reduce likelihood of acquiring HIV.

PrEP has been proven effective in research at reducing HIV transmission among gay, bisexual and other men who have sex with men (GbMSM). However, PrEP uptake among Black MSM, and within other priority populations outside of the GbMSM community remains low. It is critical for leaders to recognize that not all PrEP users are the same; effective expanded availability must also be accompanied by targeted strategies to facilitate PrEP uptake that are developed in partnership with individual communities.

Provision of PrEP to all high-risk GbMSM through the Ontario MOH is not only cost-effective but offers significant cost-saving in the long term. It is estimated that Ontario would save, on average, just under \$10,000 CAD per Ontario GbMSM in the long term should PrEP be provided free of charge to all high-risk GbMSM.

Currently in Ontario, those under the age of 25 or aged 65 years or older can access PrEP free of charge through existing public drug coverage programs (OHIP+ and ODB). However, the majority of GbMSM at high risk for HIV infection fall within the age group of 25 to 64 years of age.

## Data and Figures

- 2.2 million Ontarians have no prescription drug coverage at all.
- One in four Ontarians don't take their medications as prescribed because they can't afford them, and too many end up in hospitals and emergency rooms as a result.
- The high cost of HIV medications means many people living with HIV who are not in receipt of ODSP benefits are unable to adhere to treatment. According to the Ontario Cohort Study (2020), In Ontario, people earning less than \$20,000 annually are less likely to achieve a suppressed viral load.
- As of February 2021, the formulary estimates that a single tablet of abacavir/lamivudine/dolutegravir is \$45.53, which is estimated to cost approximately \$16,620.24 annually.
- As of 2019, the average cost of antiretroviral medication regimens is between \$13,000 and \$19,000 per year. In Ontario, province-wide community-based programs have helped avert tens of thousands of HIV infections, directly saving the provincial health system billions of dollars. For example, from 1987 to 2011, services that prevented HIV infections saved an estimated \$4.8 to \$7.5 billion. The economic impact of biomedical, public health, and community-based HIV initiatives over the same twenty-four-year period is estimated to be \$18.8 to \$29.4 billion in health care system savings for Ontario.
- With universal access to medications, many more Ontarians living with HIV may be able to return to work part-time and full-time.

## Questions for Candidates

- What are your party's commitments to reducing barriers to treatment/medication access programs for people living with HIV?
- What steps will your party take to support the expansion of existing PrEP access to programs that include eligibility for all people living with HIV?
- How will your party affirm the recommendations of the Advisory Council on the Implementation of National Pharmacare to establish a universal, single-payer, public system of prescription drug coverage in Ontario?

## Resources

[Rapid Response, OHTN: Impact of nonadherence to antiretroviral therapy \(ART\) on population-level health outcomes](#)

[Rapid Response, OHTN: Impact of universal coverage for antiretroviral therapy \(ART\) on health outcomes](#)

[Ontario Drug Benefit Formulary/Comparative Drug Index](#)

[A Prescription for Canada: Achieving Pharmacare for All, Final Report of the Advisory Council on the Implementation of National Pharmacare](#)

[Canada Gazette, Part I: Regulations Amending the Immigration and Refugee Protection Regulations \(Excessive Demand\)](#)

## 4. Addressing the Drug Policy, Poisoning, and Overdose Crisis

Harm reduction is a proven-effective approach that aims to reduce the harms associated with drug use and drug laws and policies, without requiring abstinence or conditions to receiving services from individuals who use drugs. Harm reduction programs provide education and outreach and deliver safer injection, safer smoking supplies, and, in some cases supervised consumption services and safe supply (of substances).

In Ontario, people continue to die from accidental drug poisoning from fentanyl or fentanyl analogues (95.7% of overdoses resulting in death that occurred during the pandemic were accidental). Fentanyl, sedatives, and stimulants are also more commonly found in post-mortem toxicology reports of persons with fatal opioid overdoses, pointing to an increasingly volatile supply (unpredictable potency and composition) of unregulated opioids and other drugs. In rural and Northern communities, people experiencing poverty or homelessness, people experiencing incarceration, and Black, Indigenous, and racialized communities have seen the largest relative increases.

### COVID-19 Has Accelerated the Drug Poisoning Crisis

Rates of fatal opioid overdoses increased by 60% in Ontario since March 2020. Rates of emergency medical services for suspected opioid overdoses increased by 60% in that same time frame. Since the onset of the COVID-19 pandemic, the rate of fatal overdoses have also increased by 60% in Ontario with Black, Indigenous, and other racialized populations being disproportionately impacted. Additionally, stimulant toxicity deaths increased by 66% from 2019 to 2020. Meanwhile, connections to mental health and addictions have been delayed and severed due to COVID-19 shut-downs and service interruptions.

According to Ontario's Science Table, "Factors that may have contributed to rising rates of opioid-related harm during the COVID-19 pandemic include pandemic-related stress, social isolation, and mental illness, which in turn resulted in changes in drug use behaviours; border and travel restrictions that created a more erratic and volatile unregulated drug supply; and reduced accessibility of addiction, mental health, and harm reduction services".

This poison drug supply continues to drive up deaths, overdoses, and hospital visits to alarming rates. The response to this crisis must be rooted in a shift away from a criminalized, discriminatory, and moralistic policies that too often guide public policy and programming.

### Harm Reduction Workers Need Support

Over the past five years, and throughout the COVID-19 pandemic, Ontario's frontline harm reduction workers—including those working within AIDS Service Organizations (ASOs), safe consumption sites, and in street outreach—have often served as unrecognized first responders in this crisis. In addition to providing harm reduction supplies, outreach, and education within community-based organizations, harm reduction workers are responding to onsite overdoses in real-time, administering naloxone, first aid, and calling for EMS support.

Managing three epidemics simultaneously (HIV/AIDS, drug poisoning, and COVID-19), frontline harm reduction workers are providing services under tremendous pressure and have experienced profound levels of fatigue, stress, and trauma. Additionally, harm reduction workers were not compensated with pandemic pay increases provided to other frontline health and service providers throughout the pandemic. At this time, harm reduction workers need access to mental health and wellness resources that support them to be well and to continue to meet the demands of an unrelenting and increasingly deadly drug poisoning crisis in Ontario. This includes provision of peer-based support models which have been proven effective among harm reduction workers.

## Centering the Needs of People Who Use Drugs

Ongoing delivery and expanded availability of harm reduction services in Ontario must also center realistic and patient-directed programming that moves away from more rigid and prescriptive, bed-based (in-patient) treatment and toward non-residential, community-based outpatient drug treatment programs that include after-care support/counselling programming. For people living with HIV, securing reliable access to HIV medications is also known to support individuals to focus attention on reducing drug use and/or to use drugs more safely.

For people who use drugs, Canada's Good Samaritan Drug Overdose Act has been effective in humanizing the realities of the drug poisoning crisis and removed a key barrier to calling 911 in the event of an overdose. But experiences with law enforcement attending 911 overdose calls remains an issue. A recent focus-group-based study of the Act revealed concerns about police arriving first on the scene, ahead of paramedics called to attend to a medical issue. In some cases, police were not requested by the individual who placed the 911 call. Although experiences varied across jurisdictions, participants noted that in some cases, the Good Samaritan Drug Overdose Act seemed to have little to no effect on how police behaved at the scene of an overdose. Participants also expressed concerns that calling 911 in the event of an overdose, and worried having police attend the scene could result in future unwanted and unwarranted surveillance.

## Data and Figures

- Roughly 2,431 people died in Ontario from opioid-related drug overdoses in 2020; a 59% increase from the previous year.
- Since 2016, roughly 7,000 Ontarians have died from overdose (roughly 21,000 have occurred nationwide).
- In 2020, 12,500 people visited hospital emergency rooms for opioid-related conditions and or mortality; an increase of 19% from the previous year.
- 2,000 people were hospitalized due to opioid-related conditions.
- Generally speaking, in 2020, opioid-related deaths, emergency visits, and hospitalizations are occurring in higher proportion in the Northern region of the province.
- The overdose crisis continues to escalate due to a toxic drug supply. It claims more than six lives per day on average in rural and urban communities across the province.
- Since the onset of the COVID-19 pandemic, the rate of fatal overdoses has increased by 60% in Ontario – Black, Indigenous, and other racialized people are disproportionately impacted.
- Nearly all overdose deaths related to toxic drugs are preventable through decriminalization and harm reduction measures.

## Questions for Candidates

- How does your party plan to deploy the necessary resources to address the drug poisoning crisis?
- Will you deploy the resources needed to meaningfully address opioid-related overdoses by declaring the drug overdose and poisoning a public health crisis?
- What steps will you take to ensure that supervised consumption and harm reduction services are more widely available?
- How will your party engage people who use drugs to develop and implement a safe supply of controlled substances?
- What steps will you take to ensure the provision of harm reduction supplies and services within prisons?
- Will your government collaborate with harm reduction workers to develop realistic supports and mental health resources to keep them well in the work?
- How will your party strengthen the voluntary drug treatment programs including a de-emphasis or removal of bed-based in-patient programs, and increased availability of longer-term, community-based post-treatment programs and supports?

## Will you mount a realistic response to the toxic drug overdose crisis by:

- Reconvening the “Emergency Overdose Task Force” which includes a broad and diverse range of stakeholders that have not met since before the last election.
- Supporting and funding overdose prevention and supervised consumption services and safer inhalation services in every community in need.
- Amending the Ontario Drug Formulary and supporting safer supply programs
- to provide access to a safer supply of drugs to reduce the harms of the increasingly volatile unregulated drug supply.
- Advocating to the federal government to decriminalize drug possession and necessity trafficking.
- Continued provision of equipment for safer drug use (e.g., distribution of safer injection, smoking and inhalation equipment).
- Continuing to expand access to naloxone kits to reduce the risk of opioid overdose mortality.

## Resources

[HIV Legal Network, The Good Samaritan Drug Overdose Act: The good, the bad, and the ineffective](#)

[HIV Legal Network, The Good Samaritan Drug Overdose Act: Wallet Cards](#)

[PHO, Interactive Opioid Tool, Opioid-related morbidity and mortality in Ontario](#)

[Government of Canada, Opioid- and Stimulant-related Harms in Canada Published](#)

[Science Table COVID-19 Advisory for Ontario, The Impact of the COVID-19 Pandemic on Opioid-Related Harm in Ontario](#)

[Jama Network Open, Measuring the Burden of Opioid-Related Mortality in Ontario, Canada, During the COVID-19 Pandemic](#)



## 5. Insufficient and Stagnated ODSP Rates and Supports

Long-stagnated monthly ODSP rates for shelter and basic needs are insufficient and have not kept pace with inflation, rising rents, rising food, and other costs associated with basic daily needs. Effectively, ODSP rates lock people living with HIV and other disabilities into poverty and poor health over the long term. Research has shown that low-income and poor Ontarians living with HIV face tremendous challenges in accessing and adhering to life-saving HIV medications (antiretroviral treatment ART) as a result of the ongoing disruptions and burdens of poverty (e.g., food and housing insecurity, lack of access to necessities of daily life and social support).

### Insufficient Financial Support for Shelter and Basic Needs

For single individuals, ODSP presently provides \$497 per month for shelter. Meanwhile, the average cost of rent in Ontario has reached \$2,110 per month. For basic needs, ODSP provides only \$672 per month to cover the cost of food, personal care, and support items, clothing, and transportation, phone/internet, and emergencies. A single person living with HIV who is receiving ODSP must navigate securing shelter and food with just \$1,169 each month or \$14,000 annually, placing them \$5,000 dollars below the poverty line for a single adult in Ontario. For people living with HIV, food and housing insecurity are both associated with poorer treatment adherence. What's more, individuals receiving ODSP who are facing hunger or homelessness and comorbidities or co-occurring disabilities must attend to these immediate concerns and which in turn may make them less able to prioritize their HIV treatment.

Ample Ontario-based research demonstrates the destructive effects of being low-income and living with HIV, including food and housing insecurity, increased hospital visits, and the compounding effect of aging with a chronic illness while basic health needs go unmet. An Ontario study found that 87% of respondents (all people living with HIV) had unmet basic needs (e.g., food, clothing, and housing), and correspondingly low physical and mental health. Looking ahead, it is vital that ODSP's shelter and basic needs allowances reflect the actual and rising cost of housing around the province; at a minimum reaching parity with benefits provided through the federal Canadian Emergency Response Benefit (CERB) program (\$2,000/month) made available during the COVID-19 shutdowns.

### Poverty Leads to Poorer HIV Treatment Adherence and Health Outcomes

The instability associated with poverty profoundly inhibits HIV treatment adherence and long-term connection to care and support making HIV management difficult or intermittent. Ontario's poorest people living with HIV report rationing ART, taking prescriptions sporadically, or cycling on and off their medication. In turn, this interrupts treatment adherence that is central to virus suppression, reduces onward HIV transmission, and can create HIV drug/treatment resistance.



## Additional Benefits Needed to Support Modernization

In addition to insufficient support for shelter and basic needs, absent from the ODSP program are critical digital access benefits and volunteer support benefits. Access to technology and the internet has become a necessity of life central to participation in most social support programs and in community life. Without a digital equity assistance program, ODSP recipients who, due to insufficient rates of support for basic needs, cannot afford to access technology tools and the internet, will struggle to meet ODSP requirements as modernization continues.

For many people living with HIV who are unable to work, giving their time as a volunteer within a community-based organization is an essential part of their connection and participation in community life. As in many non-profit sectors, Ontario's HIV sector benefits tremendously from the volunteer contributions of people with lived experience. ODSP must recognize the value of volunteer time to communities, organizations, and to individuals and honour these contributions by providing a community participation allowance to support the travel and other costs associated with donating time.

## Questions for Candidates

- What steps will your party commit to taking to increase ODSP shelter and basic needs allowances that reflect the actual and rising cost of living across Ontario over the coming four years?
- Would your party establish a Social Assistance Rate Board to help determine rational and just criteria for setting rates?
- What are your commitments to ensuring digital equity and supporting volunteer time through digital allowance benefit and volunteer/community participation allowance benefit for ODSP recipients?

## Resources

[ODSP Action Coalition](#)

[ODSP Report Card 2021, ODSP Action Coalition](#)

[Rent Report from Rentals.Ca](#)

[How much does it cost to rent an apartment in Ontario? Settlemet.org](#)

[Rental Market Report, CMHC](#)

[Poverty Free Ontario](#)

# Getting out the Vote

Help get out the vote by ensuring those in your community and network know where and how to cast their vote on June 2, 2022.

It's important not only to share important election issues with your community and network, but support individuals to create plan to vote that works for them.

Other key steps leading up to the election include:

- Reminding your network and community that it's important to vote and how to do so.
- Create a digital and shareable I voted filter that can be shared on social media.
- If your agency has the resources, assist community members to get to the polls or cast a vote in advance.

If you are unsure who your local candidates are, visit each party's page to see who is running:

- [Conservative Party Candidates](#)
- [Green Party Candidates](#)
- [Liberal Party Candidates](#)
- [NDP Party Candidates](#)

## Get registered to vote

[Ask those in your network and community if they are registered to vote](#) with Elections Ontario.

[If you're temporarily living outside of Ontario, you may be eligible to register as an absentee voter.](#)

## Ways to Vote

Voting on election day is just one of the ways you can vote in Ontario. To make voting easier for all voters, we provide options such as advance voting and vote by mail.

Once an election in <https://voterinformation.service.elections.on.ca/en/election/searchyour> electoral district has been called, you will be able to use our [Voter Information Service](#) to find your voting information, including when and where to vote. This information will also be on your [voter information card](#), which you will receive in the mail if you are [registered to vote](#)

Learn more about different ways to vote, including how to vote:

- In-person on election day
- In advance
- By mail
- By home visit
- In a hospital
- If you're a student

## Find Your Electoral District

This link will help individuals find their electoral district by:

- City or Town
- First Nations reserves
- Postal Code
- District by lot and concession address

## ID Requirement

[Learn more about ID requirements](#) for voting in the Provincial Election.

## Speaking to Media

Identify your agency's media spokesperson as soon as possible. That person will represent your agency to news outlets and other media and speak on HIV-related issues.

If your agency does not have or wish to designate a media spokesperson, feel free to direct media questions and interview requests to:

Shannon Ryan  
Executive Director  
Ontario AIDS Network  
[sryan@oan.red](mailto:sryan@oan.red)

# Ontario Non-profit Network (ONN) Provincial Election Toolkit

In addition to this toolkit, we recommend agencies review the Ontario Non-profit Network's Election Toolkit for additional information about:

- Being informed about the rules of election advocacy engagement including:
- Ontario's Election Finances Act – Third Party Election Adverstising
- Ontario's Lobbyist Registration Act
- Canada Revenue Agency

This toolkit also provides additional guidance about creating your engagement strategy and following up with parties after the election.

This toolkit is available in [English](#) and [French](#).

## Questions about this toolkit

Send questions related to this election package to  
Kate PALBOM, Manager of Policy and Advocacy, OAN, [kpalbom@oan.red](mailto:kpalbom@oan.red).

