Deputation – Lorna Antwi
Item 6C – Update on Availability of Naloxone in TCHC Communities
TSC Public Meeting- June 4, 2026

Good afternoon, Chair, Committee Members, staff, and fellow tenants.

Thank you for the opportunity to speak today regarding the report on naloxone access in Toronto Community Housing communities. My name is Lorna Antwi I am a registered City of Toronto councillor Candidate,

While I appreciate the work that has gone into this report, I respectfully disagree with the recommendation that this report simply be received for information. The report itself identifies serious concerns that have been raised by tenants, frontline workers, and members of this committee. These concerns include limited naloxone access during emergencies, uneven service coverage across communities, and pilot projects that do not necessarily reflect locations where overdose incidents are most frequent.

The report acknowledges these challenges, yet the proposed response is more study, more consultation, and more investigation. At a time when communities across Toronto continue to experience the devastating impacts of the overdose crisis, I do not believe this response goes far enough. Naloxone is a life-saving medication. During an overdose emergency, every minute matters. Delays in access can mean the difference between life and death. One of my primary concerns is TCHC's continued reliance on external partners to distribute naloxone. Community agencies and outreach workers play an important role, and their work should be recognized and supported. However, we must ask ourselves some difficult questions. What happens when outreach workers are not on site? What happens during evenings, weekends, holidays, or overnight hours? What happens when a resident witnesses an overdose and cannot wait for a mobile clinic or outreach team to arrive? Access to a life-saving intervention should not depend solely on the

schedule of a community agency. The report also raises concerns about equity. It acknowledges that access to harm reduction services often depends on whether a community has an anchor agency or partner organization present. As a result, some tenants have regular access to naloxone and harm reduction supports, while others have very limited access. That is not equitable. A tenant's ability to access life-saving resources should not be determined by where they live within the TCHC portfolio. Every resident deserves the same opportunity to protect themselves, their loved ones, and their neighbours during an overdose emergency. Another concern is the absence of a clear timeline. Throughout the report, we hear that staff are investigating options, exploring opportunities, pursuing discussions, and conducting further research. While those activities are important, residents deserve more than open-ended consultations. Where is the timeline? What are the performance targets? When can tenants expect expanded access? Without measurable goals and implementation dates, it becomes difficult to hold ourselves accountable for progress. I am also concerned that the report appears to place significant emphasis on the limitations of passive naloxone distribution models without fully examining successful examples that already exist elsewhere. Across Canada and internationally, jurisdictions have implemented naloxone vending machines, public access harm reduction kiosks, community naloxone boxes, and peer-led distribution programs. These initiatives have demonstrated that innovative approaches can increase access while maintaining safety and accountability. Rather than dismissing these options prematurely, I believe TCHC should actively explore and pilot them in communities experiencing the highest rates of overdose incidents. Most importantly, we must listen to the voices of tenants and frontline workers. The concerns raised by members of this committee are not theoretical. They come directly from lived experience. They come from residents who see the impacts of the overdose crisis in their buildings and communities every day. They come from people who understand where the gaps exist because they are living with the consequences of those gaps. Their voices deserve to carry equal weight alongside administrative, legal, and

operational considerations. In closing, I respectfully urge this committee and TCHC staff to move beyond simply receiving this report for information. The report confirms significant gaps in access. It acknowledges inequities in service delivery. It recognizes overdose hotspots within TCHC communities. The next step should be action. I urge TCHC to establish clear implementation timelines, expand naloxone access immediately in high-risk communities, strengthen peer-led distribution models, and return with a concrete action plan for direct naloxone distribution. Lives depend on timely access to harm reduction resources. The cost of delay is simply too high. Thank you for your time and consideration