



City of Hamilton
PUBLIC HEALTH COMMITTEE
ADDENDUM

Meeting #: 24-001
Date: January 15, 2024
Time: 9:30 a.m.
Location: Council Chambers
Hamilton City Hall
71 Main Street West

Aleah Whalen, Legislative Coordinator (905) 546-2424 ext. 6436

6. DELEGATION REQUESTS

- *6.2 Kim Ritchie, Canadian Drug Policy Coalition, respecting Item 10.2 Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot (HSC24001/BOH23021(a)) (City Wide) (for today's meeting)

From: City of Hamilton <hello@hamilton.ca>

Sent: January 11, 2024 4:51 PM

To: clerk@hamilton.ca

Subject: Webform submission from: Request to Speak to a Committee of Council

Unsubscribe

It appears that you have subscribed to commercial messages from this sender. To stop receiving such messages from this sender, please unsubscribe

Submitted on Thu, 01/11/2024 - 16:51

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee

Public Health Committee

Will you be delegating in-person or virtually?

Virtually

Will you be delegating via a pre-recorded video?

No

Requestor Information

Requestor Information

Kim Ritchie

Canadian Drug Policy Coalition



Preferred Pronoun

she/her

Reason(s) for delegation request

I am writing to you on behalf of the Canadian Drug Policy Coalition, an organization committed to promoting informed drug policies grounded in principles of public health, human rights, and social inclusion. I am requesting the opportunity to delegate before the City Council of Hamilton to discuss significant concerns and provide insights regarding the Hamilton Opioid Action Plan, Embedded Harm

Reduction pilot.

Our coalition has been actively monitoring and participating in harm reduction initiatives across Canada, and we believe that our perspective could greatly contribute to the ongoing discussion in Hamilton. Our aim is to address concerns and collaborate with the council to ensure that the embedded harm reduction pilot not only addresses the immediate needs of those affected by drug poisoning but also aligns with best practices in harm reduction and public health policy.

Will you be requesting funds from the City?

No

Will you be submitting a formal presentation?

No

The sender designated this message as non-commercial mandatory content with the following note:

[Change communication preferences](#)

71 Main Street West
Hamilton, ON, L8P 4Y5
Canada

Written Delegation - 750 words

- 750 words
- Email to clerk@hamilton.ca

<https://www.hamilton.ca/city-council/council-committee/council-committee-meetings/request-speak-committee-council>

<https://pub-hamilton.escribemeetings.com/filestream.ashx?DocumentId=390212>

Madam Mayor and members of the Public Health Committee, my name is Kim Ritchie, and I represent the Canadian Drug Policy Coalition's Hamilton harm reduction working group.

My insights today are drawn from my professional background in leadership roles, where I developed and implemented innovative harm reduction programs and from 15 years of personal experience with illicit substance use, criminalization and chronic homelessness.

All of which took place on the streets of our city...

Today, I address a critical issue that directly impacts some of the most vulnerable community members: men who use substances and are experiencing homelessness. The proposal suggests diverting funds intended for safer use spaces in men's shelters towards an embedded harm reduction pilot program. This proposal, while well-intentioned, is deeply concerning for several reasons.

Detailed Concerns with the Pilot:

- There should have been consultation with those most deeply impacted by this proposal, which raises significant doubts about its efficacy.
- The lack of clarity regarding the proposed 'community of practice.' It's vital that such a community is clearly defined and inclusive, particularly of those with lived experience.
- 'Referrals and advocacy' and 'community accompaniments' are standard duties of shelter workers and do not align with the core principles of harm reduction.
- Frontline shelter workers actively respond to drug poisonings in an unsafe environment and provide "hands-on" support with limited training, minimal pay, and inadequate support, causing rampant trauma and burnout. As a result,

shelters are having difficulty with staff retention. The proposed 'hands-on support during an overdose' is ineffective and harmful UNLESS it occurs in a supervised, safe space.

- 'Harm reduction drop-in groups' are counterproductive in an environment where there is a lack of trust and safety in staff due to service users facing criminalization, surveillance and service restrictions related to drug use. Responding to these issues in the way of a supervised consumption site that shows care for the people we serve will increase trust and we have seen this at YWCA SUS.
- The proposal does not address the issue of punitive measures, specifically service restrictions related to drug use and carrying harm reduction supplies.

Proposed Solutions:

To address these issues, we propose the following solutions from [The Guidance Document for Harm Reduction in Shelter Programs: A Ten Point Plan](#)

- Provision of 24/7 harm reduction supplies (injection, inhalation, naloxone, safer sex supplies) and training developed and led by PWLLE.
- Non-punitive, safety-oriented drug use policies. Residents should not face service restrictions for drug use. Drug use should be approached as a health issue and address the behaviours, not the drug use itself.
- Overdose prevention and response measures, including safer use spaces, peer witnessing, [wellness checks](#) that are non-stigmatizing and not fear-based facilitated by PWLLE, and active promotion of NORS with access to phones 24/7
- Involvement of residents in harm reduction initiatives, ensuring their voices lead the design and operation of services. "Harm reduction drop-in group", "community of practice" and any other programming should involve PWLLE in the design, operation and evaluation of HR services. They must be paid for their knowledge and expertise according to [CAPUD's best practice guidelines](#).
- Additional support services, such as grief and loss support (Consider replicating the [GLOW initiative](#)) and notification of where drug-checking services are available and how to access them
- Safe physical space – identify areas of concern for overdose risk. Single-use bathrooms should be monitored with alarms and ways of gaining access should an overdose occur. Stairwells, communal bathrooms, remote or hidden locations, and alleys outside buildings must be reviewed. [Consider brave buttons and a safer bathroom toolkit](#). Urban core CTS uses the brave button and they say it's excellent

- Implementation of the [Integrated Prevention & Harm Reduction Initiative \(IPHARE\)](#) across all shelter locations.

In closing, while the 'Embedding Harm Reduction Pilot' marks a step towards addressing these issues, it falls significantly short of the comprehensive harm reduction principles and trauma-informed approach required to meet the needs of PWUDs.

Harm reduction has become a buzzword across shelter systems. Shelters often do not practice from a harm reduction framework. Harm reduction, at its core, reduces the negative impacts associated with drug use. However, as long as shelters operate with zero-tolerance policies for drug use, service users will continue to die in the hands of those providing care.

We must involve PWLLE in every aspect of policymaking, reevaluate punitive approaches to substance use, and implement evidence-based harm reduction strategies in shelters.

This commitment isn't only about policy changes; it's about saving lives, restoring dignity, and building a community where everyone feels safe, supported and valued.

Thank you for your attention to these critical matters.