

Hamilton Opioid Response

Funding Request

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1.0 Executive Summary

Ontario is facing a serious and growing opioid crisis with consequences in the rates of addiction, overdoses, and deaths across the province. The data support the same picture in the city of Hamilton. Among the ten most populous health units in Ontario, Hamilton has the highest rates of opioid-related deaths, emergency department visits and hospital admissions.

In early 2017, Mayor of Hamilton Fred Eisenberger convened an Opioid Response Summit in response to growing concerns about opioid misuse, rising overdose deaths and the presence of high potency opioids, like carfentanyl, in Hamilton. Participating community stakeholders agreed it is time to take action. Together, stakeholders discussed collaborative ways to respond to the opioid issue in Hamilton using the four pillar approach to drug and substance misuse with actions to address prevention, treatment, harm reduction and enforcement.

Hamilton is requesting the federal and provincial governments provide \$2,726,000.00 over two-years to support a collaborative city-wide opioid response involving multiple partners in the health and social service system. Action now will support a preventive approach in the hopes of preventing death and disability on the scale seen in western Canada.

2.0 Background

2.1 Opioid Issue in Hamilton

Ontario is facing a serious and growing opioid crisis, demonstrated by the rates of addiction, overdoses, and deaths across the province. This is a complex health and social issue with devastating consequences for individuals, families, and communities.

Hamilton faces alarming rates of adverse outcomes related to opioid misuse. Among the ten most populous health units in Ontario, Hamilton has the highest rates of opioid-related deaths, emergency department visits, and hospital admissions (Table 1).

Table 1: Opioid-Related Adverse Outcomes: How Does Hamilton Compare?

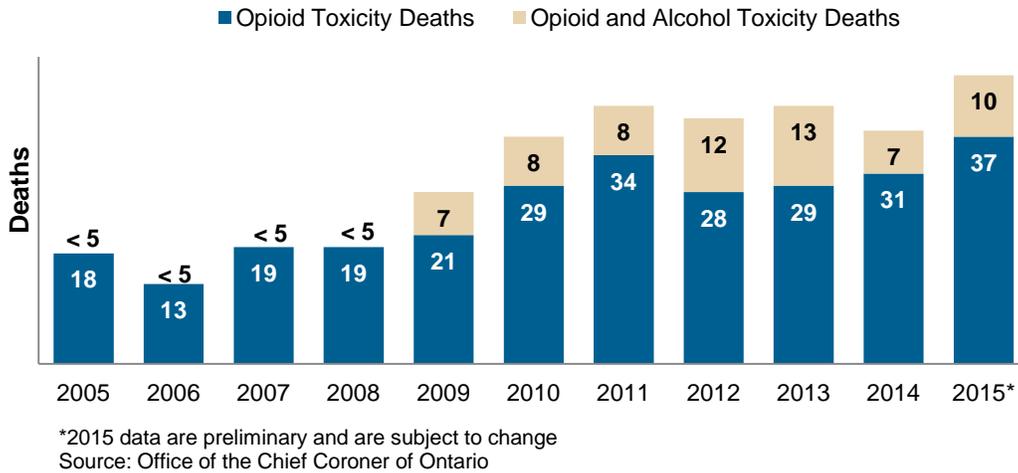
Rank (among 10 health units)	Deaths (2013)	Emergency Department Visits (2014)	Hospital Admissions (2014)	Opioid Users (Ontario Drug Benefit, 2015)	Opioid Maintenance Therapy Users (Ontario Drug Benefit, 2015)	High Strength Opioid Users (Ontario Drug Benefit, 2015)
1	Hamilton	Hamilton	Hamilton	Hamilton	Middlesex-London	Middlesex-London
2	Middlesex-London	Durham	Simcoe-Muskoka	Durham	Hamilton	Durham
3	Simcoe-Muskoka	Simcoe-Muskoka	Middlesex-London	Waterloo	Durham	Hamilton

Note: To compare Hamilton to other health units, data from the 10 most populous health units were extracted and ranked for each indicator, based on rate or proportion. A rank of 1 represents the highest rate among these 10 health units. In most cases, the geographical unit used in the original report, "county", corresponded with public health unit boundaries; numbers from Simcoe County and Muskoka District Municipality were combined to correspond with the Simcoe-Muskoka health unit geography. **Source:** Analysis of data extracted from the Ontario Drug Policy Research Network's report, *Opioid Use and Related Adverse Events in Ontario*, published November 2016.

2.1.1 Opioid-Related Mortality

Numbers from the Office of the Chief Coroner of Ontario show that deaths due to opioids have increased in Hamilton over the past 11 years of available data (Figure 1). In the last 10 years there has been an approximate doubling in the number of opioid-related deaths in Hamilton. Between 2011 and 2015, there was an average of 42 deaths due to opioid toxicity or opioid use in combination with alcohol. In 2015, 41% of deaths due to opioid toxicity were specifically related to fentanyl use.

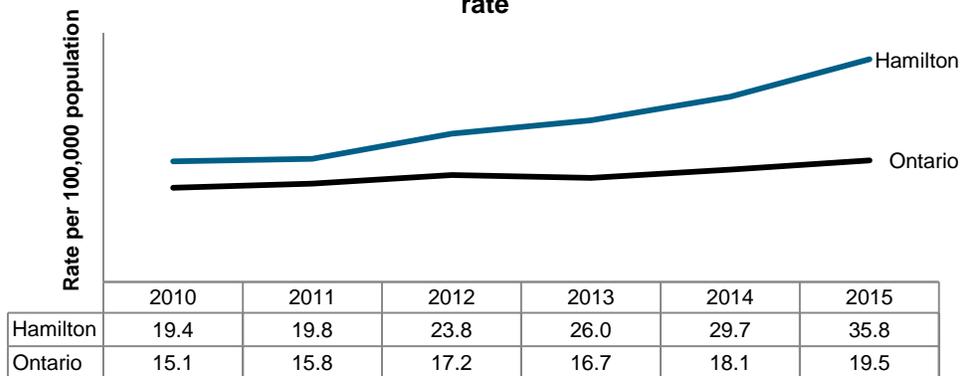
Figure 1: Opioid-related deaths are increasing in Hamilton



2.1.2 Opioid-Related Emergency Department Visits and Hospital Admissions

In 2015, 199 Hamilton residents visited the emergency department for opioid poisonings. This translates to a rate of 35.8 visits per 100,000 population, and is nearly double the provincial rate for that year. Emergency department visits for opioid poisoning significantly increased between 2010 and 2015 (Figure 2).

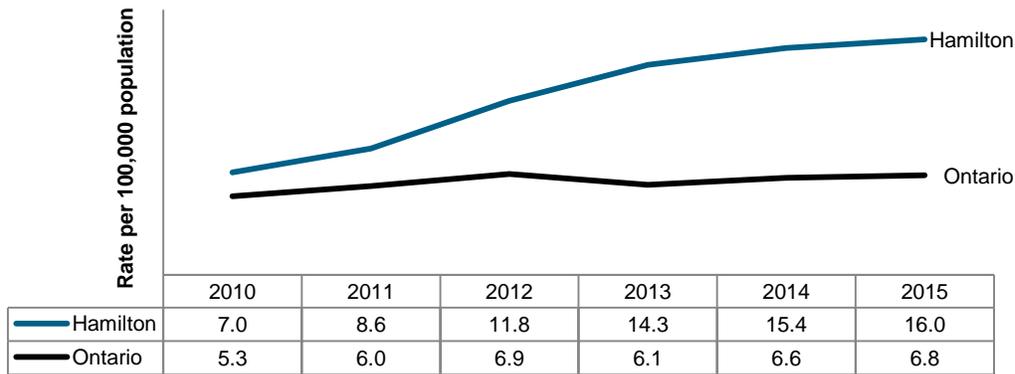
Figure 2: Hamilton residents' emergency department rate for opioid poisoning is increasing and higher than the Ontario rate



Based on residence, not where the ED visit occurred.
Source: Ambulatory All Visit Main Table, and Population Estimates County Municip (2003-2015) & Population Projections County (2016-2041), MOHLTC, IntelliHEALTH, Ontario, extracted Jan 2017

Hospitalizations for opioid poisonings are also increasing in Hamilton. In 2015, 89 Hamilton residents were hospitalized, which translates to 16.0 hospitalizations per 100,000 residents – more than double the 2010 rate and more than double the 2015 rate for Ontario (Figure 3).

Figure 3: Hamilton residents' hospitalization rate for opioid poisoning is increasing and higher than the Ontario rate



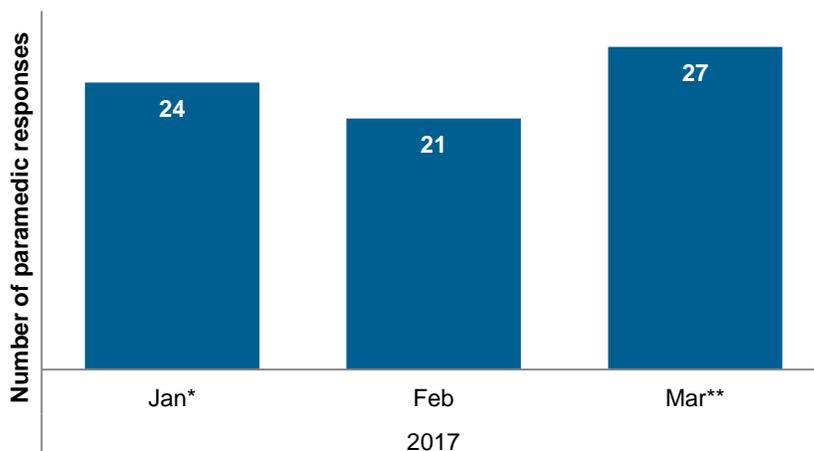
Based on residence, not where the hospitalization occurred.

Source: Inpatient Discharge Main Table, and Population Estimates County Municip (2003-2015) & Population Projections County (2016-2041), MOHLTC, IntelliHEALTH, Ontario, extracted Jan 2017

2.1.3 Enhanced Surveillance: Paramedic Data and Naloxone Distribution

Enhanced surveillance and monitoring practices have been established to better understand opioid issues in Hamilton. Recent paramedic data have revealed how many people suffer from opioid overdoses in Hamilton (Figure 4). Between January 10 and March 19, 2017, Hamilton Paramedics responded to 72 calls related to a suspected or confirmed opioid overdose. The majority (75%) of the patients were male, and a large proportion (42%) was aged 25 to 34 years. Two thirds of the responses occurred at an apartment or home.

Figure 4: Paramedic responses to suspected or confirmed opioid overdoses in Hamilton



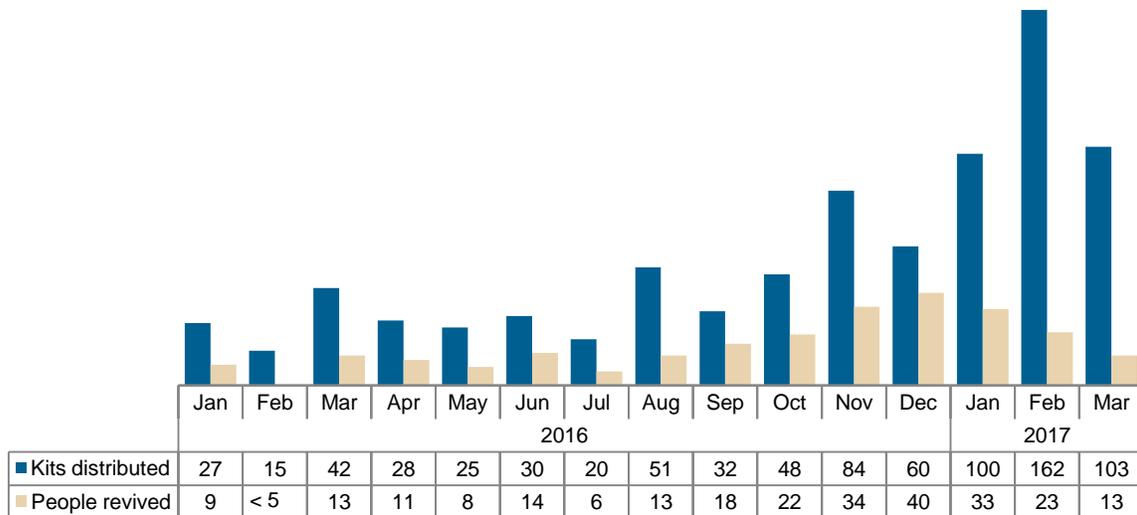
*January 10 – 31, 2017

**March 1 - 19, 2017

Source: Hamilton Paramedic Services, extracted Mar. 20, 2017.

In addition to paramedic responses to opioid overdoses, data about the distribution and use of naloxone kits provided by Public Health Services are also monitored. There is an increasing need for naloxone kits, as demonstrated by the increased uptake of the kits. In 2016, Public Health Services distributed 462 naloxone kits, and an estimated 188 people were revived. In the first quarter of 2017 (January 1 to March 20, 2017), 365 kits were distributed, saving at least 69 lives (Figure 5).

Figure 5: More naloxone kits are being distributed by Public Health Services in 2017 compared to 2016



Source: Hamilton Public Health Services, Mental Health & Harm Reduction Program, extracted Mar. 21, 2017.

2.2 Opioid Response in Hamilton

On January 26, 2017, Mayor of Hamilton Fred Eisenberger convened an Opioid Response Summit in response to growing concerns about opioid misuse, rising overdose deaths and the presence of high potency opioids, like carfentanyl, in Hamilton. Participants included a broad representation of community partner organizations from the Local Health Integration Networks, acute care, primary care, first responders, community mental health, addictions treatment, harm reduction services, housing and individuals with lived experience.

At the summit, community stakeholders committed to continuing coordinated efforts to address the opioid issue in Hamilton through regular meetings.

Action to date has focused on:

- Development of an enhanced, transparent local opioid surveillance and monitoring system;
- Exploration of innovative ways to get Naloxone in the community;
- Development of a city-wide Opioid Response Plan; and
- Creation of a public awareness campaign for safer opioid use.

3.0 Hamilton's Response Needs: Filling the Gaps

Community stakeholders agree it is time to take action. To ensure a comprehensive and collaborative response to the opioid issue in Hamilton, stakeholder discussions have centred on the four pillar approach to drug and substance misuse, the foundation of the Canadian Drugs and Substances Strategy¹. Thoughtful discussion and attention to the pillars of prevention, treatment, harm reduction and enforcement were used to inform this request for funding. Community organizations were encouraged to put forward innovative ideas to help address the growing opioid issue in Hamilton. These ideas were reviewed and discussed with the community stakeholder group and are outlined below.

3.1 Infrastructure Needs

3.1.1 Drug Strategy Coordinator

Community organizations across Hamilton are working diligently towards addressing opioid issues. The quality and breadth of the work within each individual organization is commendable, however, there are still gaps that exist between prevention, treatment, harm reduction and enforcement services. To improve the client experience, a formalized collaborative effort needs to be established to continue to achieve success moving forward. The development of a comprehensive drug strategy is essential to support successful collaboration. In order to develop a comprehensive strategy, dedicated resources must be allotted to this work.

The assignment of a Drug Strategy Coordinator will ensure the development of a successful drug strategy for the city of Hamilton. A Drug Strategy Coordinator will be responsible for:

- Developing and leading a Drug Strategy Committee comprised of community stakeholders;
- Establishing a vision, goals, and strategic priorities for a comprehensive drug strategy;
- Facilitating community consultations;
- Creating implementation plans to support a drug strategy;
- Implementing priority actions raised by the committee through regular meetings; and
- Preparing progress reports for community stakeholders and the public.

3.1.2 Community Engagement

It is essential that a city-wide drug strategy accurately reflects the needs of the community. Thoughtful engagement with families, friends and individuals with lived experience will ensure the development of a successful drug strategy to meet the needs of the community. This can be achieved through a formal engagement process.

3.1.3 Enhance Data Collection

Significant effort has been placed on improving current surveillance and monitoring systems to better understand the opioid issue in Hamilton. Community organizations hold a lot of information that can be used to inform decisions on how to better serve the community under the pillars of prevention, harm reduction, treatment and enforcement. Connecting the existing high risk substance use community data with City of Hamilton databases and systems such as the homelessness service system will improve the richness of the data and help guide service providers on how to better service this population.

¹ <http://www.healthycanadians.gc.ca/publications/healthy-living-vie-saine/drugs-substances-strategy-2016-strategie-drogues-autre-substances/alt/pub-eng.pdf>

3.2 Prevention

3.2.1 Opioid Prevention Strategy

Currently, prevention messaging and supports exist related to overall drug and substance misuse, however, there is a gap in the system for a prevention strategy to specifically address opioids. Development of a comprehensive, evidence-informed health strategy focusing on primary and secondary prevention related to opioid misuse is needed to address the rising number of opioid users in the city.

3.2.2 Opioid Public Awareness Campaign

Public awareness material on the dangers of opioid use has been created and reviewed with the input of community stakeholders. A public awareness campaign will work to inform the community of the dangers associated with opioid use. In addition to acting as a prevention measure, this material will also address harm reduction in promoting access to naloxone and informing individuals on what to do if they are with someone who has overdosed. Increased funding will support expanding reach through successful distribution of this material through a variety of channels such as posters, media, advertising, social media and community events.

3.3 Treatment

3.3.1 Opioid Crisis Beds

Many organizations offering treatment services address a wide variety of drug and substance misuse. Withdrawal management services are actively involved with people withdrawing from opioids. Opioid withdrawal is a longer duration than other substances leading to increase bed pressures. An innovative solution to address the rising concern of opioid would be to start people on Suboxone® in early withdrawal in withdrawal management centres and to increase the transitional bed capacity for people stabilizing on Suboxone® and/or Methadone. Supporting additional opioid recovery in treatment programs would allow for faster transition for men and women to treatment programs and supported stabilization.

3.3.2 Rapid Access Addiction Medicine Clinic

A Rapid Access Addiction Medicine Clinic (RAAM) clinic offers community-based treatment of opioid use disorder with opioid agonist treatments such as methadone or Suboxone® (buprenorphine/naloxone). Over the past two years, twelve RAAM clinics have opened across the province with excellent results to date. RAAM clinics provide the opportunity for rapid referral of individuals with opioid use disorders to out-patient treatment. Using opioid agonist treatments is an evidence-based approach to managing opioid use disorders to reduce risk and improve quality of life for patients and their loved ones. This model allows treatment providers more opportunities to access services for people with opioid use disorder and supports harm reduction in providing education and counselling to reduce risks of overdose in at-risk individuals. A RAAM clinic not only supports the needs of the population, but also establishes connections with hospitals and community based points-of-care to support these services in managing addictions within their own practice.

3.3.3 Prison Discharge Case Management

Prisoners have an increased rate of mortality due to drug overdose following release from corrections facilities. Case management upon prison discharge can create essential links to health and social supports in the community. Having a dedicated case management resource helps to support the maintenance of treatment initiated by individuals during incarceration as they transition to the community.

3.3.4 Increase Access to Addictions Counselling

There are often many access barriers for individuals considering addictions treatment. Many individuals in the substance using community that access day centres do not access established treatment services in the community. Having a model that incorporates addiction counselling services within day centres can help to build upon the trust and relationships that exist in this environment and assist in connecting high risk substance users with treatment options.

3.3.5 Increase Access to Primary Care

Some community organizations in Hamilton offer drop-in hours for access to primary care physicians who treat high-risk individuals. This provides valuable treatment that clients may not be able to readily access elsewhere. Additional nursing support is needed to expand and maximize these OHIP-funded physician services to increase access for clients.

3.3.6 Access to Treatment in Acute Care

There are a growing number of patients that are admitted to acute care with complications as a result of an addiction. Currently, inpatient consultation service for addiction treatment has been rolled out in select acute care facilities and sites on a limited basis focusing on high risk areas such as critical care, cardiovascular surgery and internal medicine. The addition of nursing staff would allow this service to be expanded and offered across multiple acute care sites and disciplines working towards a full addiction medicine consultation service providing top quality care to patients.

3.4 Harm Reduction

3.4.1 Expand Harm Reduction Services

Many organizations offer harm reduction services across Hamilton. These services include but are not limited to injection drug use outreach, needle exchange programs, overdose prevention, street health clinics, naloxone education and distribution, day centre programming and connections to other support services within the community. In order to maintain services at an appropriate level to meet community demand, additional staffing resources are needed. Additional resources to support an expansion of harm reduction services will allow for increased program delivery, extended program hours and alignment of services across organizations, and improved health equity. A greater focus would be made on providing harm reduction supports specific to opioids for identified high-risk populations as well as allow for expansion of services in areas of the community where there are data to support significant high-risk substance using communities.

3.4.2 Social Navigator Paramedic

The Social Navigator Paramedic role is an established partnership between Hamilton Police and Paramedic Services to support at-risk individuals and those who have had repeated interactions with Hamilton Police Service. The Social Navigator Paramedic works with a variety of health and social community partners, to connect individuals with mental health and addiction disorders to appropriate care in their community. The current Social Navigator Paramedic in Hamilton operates with a full case load with periods of wait lists. Additional resources would help to reduce wait lists ensuring that care is provided in a timely manner. This would allow for more individuals in the community to be connected with harm reduction and/or treatment resources. In addition to this, the Social Navigator Paramedic will allow for increased access to naloxone by allowing the Hamilton Police Service to use the Social Navigator Paramedic for naloxone distribution and education in the community.

3.4.3 Street Smart Drug Testing System

Drug impurities can lead to accidental overdoses. A Street Smart Drug Testing System allows people who use drugs to test their drugs prior to consumption. A drug testing system shows users that the health system is genuinely concerned about their well-being and respects their current decision to use drugs. This system also provides an opportunity to better understand the current drugs available within the community. With this knowledge, faster alerts can be sent to health and social service providers as well as the community. Drug testing systems could be incorporated into existing harm reduction services in the city such as methadone clinics or needle exchange centres.

3.4.4 Peer Support

It is important to connect individuals who use opioids to the appropriate supports they need within the community. One way to achieve this is through the use of a peer-support model. This model allows for members of the community to connect with individuals with similar experiences and turn to them for direction and guidance on how to access available treatment or harm reduction services. Peer support can be applied across a variety of settings within the community where the peer support worker can act as an advocate for individuals seeking support within the health or social sectors.

3.5 Enforcement

3.5.1 Rapid Identification Devices

Ion mobility spectrometry and Fourier Transform Infrared Spectroscopy based devices are two examples of technology which can be used to enhance the ability of first responders to identify the presence of fentanyl or any of its analogues in substances. Access to this technology can support enforcement efforts and provide additional protection to first responders and members of the public through timely and accurate identification of unknown substances. These devices also provide Fire and Police personnel more accurate data to inform potential enforcement action plans.

4.0 Cost Breakdown

INFRASTRUCTURE NEEDS	Year 1	Year 2	Total Cost
	\$155,000	\$100,000	\$ 255,000
PREVENTION	Year 1	Year 2	Total Cost
	\$103,000	\$103,000	\$ 206,000
TREATMENT	Year 1	Year 2	Total Cost
	\$615,000	\$615,000	\$ 1,230,000
HARM REDUCTION	Year 1	Year 2	Total Cost
	\$542,500	\$422,500	\$ 965,000
ENFORCEMENT	Year 1	Year 2	Total Cost
	\$70,000	-	\$ 70,000
TOTAL	\$1,485,500	\$1,240,500	\$ 2,726,000

5.0 Advocacy

Many community stakeholders were engaged in informing this request for funding to support a collaborative opioid response in Hamilton. Letters of support have been included with this request.