



**CITY OF HAMILTON**  
**PUBLIC HEALTH SERVICES**  
**Office of the Medical Officer of Health**

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	March 18, 2019
<b>SUBJECT/REPORT NO:</b>	Consumption and Treatment Services in Hamilton (BOH19017) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Melissa Biksa (905) 546-2424 Ext. 3055 Hilary Wren (905) 546-2424 Ext. 6672
<b>SUBMITTED BY:</b>  <b>SIGNATURE:</b>	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

**RECOMMENDATION(S)**

- (a) That the Medical Officer of Health be directed to apply to the Minister of Health and Long-Term Care for approval to operate a Consumption and Treatment Services site, and for funding for 100% of the associated capital and operational costs;
- (b) That the Medical Officer of Health be directed to submit to Health Canada an application for a Section 56.1 Exemption for Medical Purposes under the *Controlled Drug and Substances Act* for Activities at a Supervised Consumption Site;
- (c) That, contingent on the City receiving approval for the establishment of a Consumption and Treatment Services site and associated 100% funding from the Ministry of Health and Long-Term Care, as well as a Section 56.1 Exemption for Medical Purposes under the *Controlled Drug and Substances Act* for Activities at a Supervised Consumption Site from Health Canada:
  - (i) The Medical Officer of Health be directed to establish and operate the Consumption and Treatment Services site;
  - (ii) The Public Health Services permanent staffing complement be increased by 6.0 FTE Public Health Nurse, 3.1 FTE Harm Reduction Worker, 3.0

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FTE Peer Support Worker and 1.0 FTE Clinic Supervisor to staff the CTS; and,

- (iii) That the base budget be increased by the requisite amount.
- (d) That the Medical Officer of Health be authorized and directed to execute any agreements and ancillary documents required to implement Recommendations (a) to (c), with said agreements and documents to be in a form satisfactory to the City Solicitor.

## **EXECUTIVE SUMMARY**

Substance misuse remains a top driver of avoidable deaths in Hamilton. The opioid-related death rate in Hamilton has been consistently higher than the provincial rate. Opioid-related deaths during the first half of 2018 (60) were 28% higher than during the same period last year in 2017 (47). Hamilton is on-pace to surpass 100 deaths in 2018 with an additional 20 deaths already confirmed by the Chief Coroner for Q3<sup>1</sup>. Between January and June of 2018, there were 258 emergency department visits for opioid poisoning. Already in January and February of 2019, 121 people have called 911 for a suspected opioid overdose; approximately 15 per week, or more than 3 per day. This compares to the entire year of 2018 where 450 people called 911 for a suspected opioid overdose, and to 437 calls in 2017. Since January 2017, the majority of cases (73%) have been male, and the average age 36 years. Calls to 911 for suspected opioid overdose are largely concentrated in Ward 2 and Ward 3 (38.4% and 24.8%, respectively).

Addressing this complex public health problem requires a multi-pronged approach. For substance use, a comprehensive four pillar approach to substance use is one that focuses on (i) prevention, (ii) treatment, (iii) enforcement and (iv) harm reduction (BOH16035). This four-pillar approach is being used by the Hamilton Drug Strategy (HDS) to address the harms associated with substance use experienced by individuals, families and the community. The HDS involves key stakeholders and members of the community to identify and address systems-level gaps, and to implement evidence-based practices to ensure all individuals can live their best quality of life. Supervised Consumption Sites (SCS) are one intervention as part of a four pillar approach in order to reduce harms from problematic substance use within Hamilton.

As noted, SCS are part of a comprehensive approach by the Government of Canada to address the harms associated with problematic substance use. The federal government provides legal exemption for consumption of illegal substances at a Supervised Consumption Site under the *Controlled Drug and Substances Act*. At SCS people bring pre-obtained drugs and consume them in a clean and supervised

environment. Supervised Consumption Sites continues to be the terminology used by the federal government.

Consumption and Treatment Services (CTS) is the Ontario government's model for supervised consumption under the Ministry of Health and Long Term Care (MOHLTC). CTS is a new title which reflects a legally sanctioned location where people can bring pre-obtained substances for consumption by injection, ingestion and/or inhalation. A CTS site must also provide wrap around services to support people who use substances to receive access to additional health and social services.

A CTS differs from an Overdose Prevention Site (OPS) which is a temporary supervised consumption site funded by the MOHLTC while a community works to open a permanent site. Hamilton currently has one OPS located within Hamilton Urban Core Community Health Centre (HUCCHC) at 71 Rebecca St. HUCCHC has applied to operate a permanent CTS site and is awaiting a decision from the MOHLTC. The MOHLTC has advised that all applications for a CTS site must be submitted to the MOHLTC by April 16, 2019.

In addition to the application submitted by HUCCHC, based on current statistics and consultation with both community partners and persons with lived experience, there remains an urgent need for a second CTS site within Hamilton. The Supervised Injection Site feasibility study completed by Public Health Services (PHS) in 2017 (BOH17004(b)) also highlighted the need for more than one Supervised Consumption Site within Hamilton.

Given challenges to date in preparing a second application, including securing a suitable site, it is recommended that PHS submit an application as the principle operator in partnership with other local agencies in order to secure a location and submit an application by the MOHLTC deadline.

## **Alternatives for Consideration – See Page 12**

### **FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: The estimated costs for staffing, materials and supplies costs are \$1,314,820 per annum. There will also be a one-time funding request for capital costs to provide the necessary leasehold improvements to meet provincial CTS as well as corporate standards that will be determined once a site is confirmed. In addition, the leasing costs will be incorporated into the operating budget submission once a location is secured. The Province will be requested to cover 100% of capital and operating costs, with no impact on the levy.

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Staffing: The complement will be increased by 6.0 FTE Public Health Nurse, 3.1 FTE Harm Reduction Worker, 3.0 FTE Peer Support Worker, and 1.0 FTE Clinic Supervisor.

Legal: **Legislation and Exemption Application**

**Supervised Consumption Sites – Federal**

The aim of the *Controlled Drugs and Substances Act*, SC 1996, c 19 (CDSA) is to protect public health and maintain public safety by prohibiting activities with controlled substances unless they are authorized by Health Canada for legitimate medical, scientific or industrial use.<sup>2</sup>

Operating a SCS requires an exemption from the prohibition of possession and trafficking of controlled substances under s. 56.1(1) of the *Controlled Drugs and Substances Act*, which provides for exemption at the discretion of the federal Minister of Health, for the establishment of a SCS for medical purposes. Without the exemption, staff and clients of the SCS are subject to criminal laws that prohibit the possession (Section 4 of CDSA) and trafficking (Section 5 of CDSA) of controlled substances (e.g., heroin, cocaine).

In 2017, the Government of Canada made changes to the CDSA and other Acts. The legislative changes supported the establishment of SCS by streamlining the application requirements to obtain the exemption to the CDSA that is needed to operate a site.<sup>3</sup>

Organizations seeking an exemption under section 56.1(2) of the CDSA must submit an application to the federal Minister of Health. Health Canada has a standardized application form entitled “Section 56.1 Exemption for Medical Purposes under the *Controlled Drugs and Substances Act* for Activities at a Supervised Consumption Site” (Exemption Application) that must be filled out and submitted.

Section 56.1(2) of the CDSA sets out information to be included in an Exemption Application, to be submitted in a form and manner determined by the Minister of Health, regarding the intended public health benefits of the site and information, if any, related to:

- (a) The impact of the site on crime rates;
- (b) The local conditions indicating a need for the site;
- (c) The administrative structure in place to support the site;
- (d) The resources available to support the maintenance of the site; and,
- (e) Expressions of community support or opposition.

A completed Exemption Application will provide elements for each of the above provisions of the CDSA.

More specifically the Exemption Application requires the City to submit the following information:

- (a) Proposed site description, including services currently and to be offered and site floor plan and description;
- (b) Location conditions, including the target client population, statistics (e.g., crime; drug-related overdose and death), and intended health and safety impact of the site;
- (c) Information regarding the SCS policies, procedures and security;
- (d) SCS personnel, including Responsible Person in Charge information;
- (e) Community consultation report;
- (f) Letter(s) of support; and,
- (g) Financial plan.

The federal Minister of Health assesses each Exemption Application and decides whether to approve the exemption. Each proposed SCS is considered on a case-by-case basis, on its own merits. When reviewing an application, the Minister of Health must consider whether denying an exemption would cause deprivations of life and security of the person that are not in accordance with the principles of fundamental justice. Where a supervised consumption site will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety, the Minister of Health should generally grant an exemption.<sup>4</sup>

If the exemption is approved by the Minister of Health, the exemption is issued in the form of a letter and includes terms and conditions, as well as expressly setting out activities that can be conducted at a SCS. Failure to comply with Health Canada's terms and conditions could result in compliance and enforcement action by Health Canada, up to and including revocation of an exemption. If an exemption is refused, Health Canada will provide reasons for the Exemption Application refusal and the opportunity to submit additional information or reasons that the refusal may be unfounded.

Health Canada will always conduct an inspection before the site offers services to the public.

### **Consumption and Treatment Services Program – Provincial**

In October 2018, the Ontario government replaced the former Supervised Consumption Services with Consumption Treatment Services. The new CTS model continues to feature life-saving overdose prevention and harm reduction services, as well as requires the additional focus on connecting people with treatment and rehabilitation services.

The federal government, under Health Canada, is responsible for granting exemptions to Section 56.1 of the *Controlled Drugs and Substances Act* to operate a Supervised Consumption Services. Under the CTS program the province of Ontario, through the MOHLTC, is augmenting Health Canada's Supervised Consumption Services program to include the requirements for treatment and support services.

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In order to receive provincial funding for a CTS the City must demonstrate they meet federal requirements, through Health Canada's approval of the City's Exemption Application (as outlined above), as well as the additional requirements under Ontario's Consumption and Treatment Services: Application Form.

In addition to criteria outlined under Health Canada's Exemption Application the MOHLTC requires that the CTS site is located in a community with the greatest need.

The mandatory services required at a Consumption and Treatment Services site include:

- Supervised consumption of all drug taking methods (e.g. injection, intranasal, oral) and overdose prevention services;
- Onsite or defined pathways to addictions treatment services;
- Onsite or defined pathways to wrap-around services including: primary care, mental health, housing and/or other social supports;
- Harm reduction services, such as education, distribution and disposal of harm reduction supplies, and the provision of naloxone and oxygen; and,
- Removal of inappropriately discarded harm reduction supplies around the CTS area.

The MOHLTC evaluates each Consumption and Treatment Services: Application Form based on the following program criteria:

- (a) Local conditions;
- (b) Capacity to provide treatment and consumption services;
- (c) Proximity to similar services, and to child care centres, parks, and schools (including post-secondary institutions);
- (d) Community support and ongoing community engagement; and,
- (e) Accessibility.

A budget must also be submitted as a part of the CTS application that provides a breakdown of all operational costs.

Consumption and Treatment Services program applicants that meet MOHLTC's CTS criteria, and receive an exemption from Health Canada to establish a SCS, may be considered by MOHLTC for provincial CTS funding.

If CTS funding is granted, the City will be required to meet the province's evaluation and monthly reporting requirements to ensure continuation of funding.

**Municipal Planning:**

Zoning by-laws specify permitted land uses within defined areas within the municipality, implementing the objectives of the City's Official Plans. For the purposes of the proposed SCS, there are likely areas within the City's commercial zones that would permit the use as a type of medical use. Public Health Services will continue to consult

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with Planning and Building Divisions of the City's Planning and Economic Development Department to ensure that any site that is selected for the SCS conforms with Official Plan policy and is permitted by the in-force zoning for the property.

**Risk Perspective:**

The City presently operates and supports many harm reduction programs, such as The Van mobile service and injection drug use (IDU) outreach workers. The service to be provided at the City's CTS site is expected to be an offset of the harm reduction work presently being performed by the City. The CTS site would operate in a similar manner as any other City public health facility in terms of the medical related policies and procedures. The policies, procedures, and security measures requested to be developed and submitted by the City to Health Canada, as a part of the Exemption Application and the operation of the CTS site, will offset some of the risks to the City. Policies and procedures to be developed include:

- (a) Record maintenance at the CTS site;
- (b) Roles and responsibilities of staff members and their training requirements;
- (c) Addressing unidentified substance left behind;
- (d) Loss or theft of unidentified substances left behind; and,
- (e) Security measures taken to minimize risks.

The City's General Liability insurance policy includes an extension of coverage for Medical Malpractice to insure City staff who provide medical services at the CTS site while they are performing their duties on behalf of the City.

**Agreements:**

If the recommendations are approved, Legal Services will provide drafting support, review, and advice pertaining to any agreements that need to be entered into along with any associated documents.

**HISTORICAL BACKGROUND**

**December, 2016:** City Council approves funds for 2017 Supervised Injection Site (SIS) needs assessment and feasibility study.

**May, 2017:** Health Canada simplifies application process for Supervised Consumption Sites (Bill C-37).

**December, 2017:** Public Health Services SIS needs assessment and feasibility study recommendations are endorsed by City Council (BOH 17004(b)).

**December, 2017:** Health Canada issued an exemption to Ontario to establish temporary overdose prevention sites across the province.

**May, 2018:** Ministry of Health and Long-Term Care announces funding for OPS in Hamilton awarded to applicants Urban Core Community Health Centre and Shelter Health Network.

**June 5, 2018:** Urban Core Community Health Centre and Shelter Health Network open a temporary Overdose Prevention Site at 71 Rebecca St, Hamilton.

**July 12, 2018:** Public Health Services submitted an Information Report (BOH18021) on Supervised Consumption Sites in the City of Hamilton. At that time, it was acknowledged that 3 community agencies (Aboriginal Health Centre, Wesley Urban Ministries, and Urban Core Community Health Centre) had submitted or expressed intent to submit an exception application to the federal government to operate a permanent SCS site.

**October 22, 2018:** The MOHLTC announces a new, enhanced approach to services provided under the new Consumption and Treatment Services model.

**December 12, 2018:** Public Health Services convened the first Consumption and Treatment Site Working Group to consult on application process and potential CTS site locations within the City of Hamilton.

**December 19, 2018:** Board of Health supports the Hamilton Urban Core Community Health Centre to submit an application moving from a temporary overdose prevention site to the provincially approved Consumption and Treatment Services model.

**January 11, 2019:** Hamilton Urban Core Community Health Centre submits an application to Health Canada proposing a Consumption and Treatment Site at the interim site of 71 Rebecca Street. The application is not yet approved, however, an extension of the temporary Overdose Prevention Site was granted by the MOHLTC.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

A CTS site requires a legal exemption under section 56 of the *Controlled Drugs and Substances Act* in order to operate lawfully in Canada.

A CTS site must comply with applicable legislation including, but not limited to, the *Occupational Health and Safety Act (OHSA)*, the *Labour Relations Act*, the *Ontario Human Rights Code*, and the *Accessibility for Ontarians with Disabilities Act* (as addiction is recognized as disability in Ontario under the law).

A CTS site would be operated as any other City of Hamilton public health facility and would have policies and procedures regarding medical directives, precautions to safeguard equipment and drugs, safe disposal and safety of staff.



Operation of a CTS site is consistent with the harm reduction program requirements in the Ontario Public Health Standards

The College of Nurses of Ontario confirms that activities related to supervised consumption sites are part of the nursing scope of practice.

## **RELEVANT CONSULTATION**

Hamilton Police Services provided consultation on operation of a CTS site within City of Hamilton.

Finance and Administration was consulted with respect to the budget as outlined in this report.

Legal Services and Risk Management provided consultation as outlined in this report.

Public Health Services has also taken efforts to engage with stakeholders via monthly meetings and has informed the following organizations of its intention to apply for a CTS site:

- Shelter Health Network;
- De dwa da deha nye>s, Aboriginal Health Centre;
- Hamilton Urban Core Community Health Centre;
- McMaster University;
- St. Joseph's Healthcare Hamilton;
- Hamilton Health Sciences;
- The AIDS Network;
- John Howard Society
- Good Shepherd;
- CMHA;
- Wesley; and,
- Keeping Six.

It is the intention of PHS to request letters of support from each partner, which will be submitted to the MOHLTC with the Consumption and Treatment Services Application Form.

Public Health Services will also leverage existing knowledge and experience from persons with lived experience that was provided through the Hamilton SIS Needs Assessment and Feasibility Study (BOH 17004(b)).

As a requirement of the federal CDSA exemption, PHS has developed a Consultation Plan. The Consultation Plan will allow the MOHLTC to understand the efforts that have been taken by PHS to engage with stakeholders to inform them of the potential CTS

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site, and to learn about potential impacts to people who use drugs and the local community, and how those can be mitigated.

The Consultation Plan is divided into two parts. The first is Community Engagement, which includes a description of consultation activities proposed by PHS. These activities include but are not limited to handing out door to door flyers to inform about the potential CTS site, creating a general email account to receive feedback and respond to public inquires, consulting with persons with lived experience via in person consultations, developing an online survey for community members, hosting information open houses for the public and presenting at community associations.

The second part of the Consultation Plan is the Ongoing Liaison Plan for how the community will be engaged on an ongoing basis. It includes a plan for follow-up after initial consultation, a plan for continued public education about the CTS site, and further engagement mechanisms to identify and address community concerns on an ongoing basis.

## **ANALYSIS AND RATIONALE FOR RECOMMENDATION(S)**

### **Opioid Related Impacts In Hamilton<sup>5,6,7</sup>**

Deaths due to poisoning from opioids are increasing annually in Hamilton. There were 88 opioid-related confirmed deaths in 2017. In comparison, there were 52 opioid-related deaths in 2016; representing a 65% increase. The preliminary opioid-related deaths during the first half (Jan-Jun) of 2018 (60) is 28% higher than the number of deaths (47) from the same period last year (Jan-Jun 2017) and it is on-pace to surpass 100 deaths with an additional 20 cases already confirmed for Q3. The opioid-related death rate in Hamilton has been consistently higher than the provincial rate.

Data from the first three quarters of 2018 indicates that Fentanyl (all types) and Morphine were the most common types of opioid present at death (74.2% and 14.6% of deaths, respectively). Ninety-one percent (91%) of the confirmed 2018 opioid-related deaths were deemed to be accidental. Twenty-nine percent (29%) of the 2018 confirmed accidental opioid-related deaths had evidence of injection drug use. In 2017, opioid-related death rates were highest among males aged 25 to 44 (rate of 37.8 per 100,000) and males aged 45 to 64 (rate of 25.8 per 100,000).

Emergency department (ED) visit rates for acute drug toxicity in Hamilton have been increasing and this trend is largely attributed to higher ED visits for opioid-related poisoning. In 2017, there were 497 ED visits for opioid poisoning in Hamilton (rate of 87.2 per 100,000 population), which was 2.6 times greater than the rate in 2013. Between January and June of 2018, there were 258 ED visits for opioid poisoning.

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To this point in year 2019 (January to February), 141 people have called 911 for a suspected opioid overdose; approximately 15 per week, or more than 3 per day. This compares to the entire year of 2018 were 450 people called 911 for a suspected opioid overdose or to year 2017 with 437 calls for the total year. Since January 2017, the majority of cases (73%) were male, and the average age was 36 years. 911 calls for suspected opioid overdose are largely concentrated in Ward 2 and Ward 3 (38.4% and 24.8%, respectively).

### **Naloxone Distribution<sup>8</sup>**

In 2018, PHS and the Naloxone Expansion Sites distributed 6,412 naloxone kits and 568 people were reported as being revived by naloxone. A further 4,834 naloxone kits were distributed through Hamilton pharmacies between January and September 2018. In 2019 to date, 1752 naloxone doses have been distributed by Public Health and the Naloxone Expansion Sites, reviving 133 lives.

### **Hamilton Urban Core Community Health Centre**

Hamilton Urban Core Community Health Centre has been operating an Overdose Prevention Site in collaboration with Shelter Health Network since June 2018. HUCCHC has applied for a permanent CTS location. The OPS site has been highly accessed with over 3,300 visits since June, and has reported 25 overdoses, and 0 deaths.

### **Consumption and Treatment Sites Expected Benefits**

A CTS site is part of a harm reduction approach that supports health equity by preventing overdose deaths, limiting the spread of infectious diseases, connecting people who use drugs with addictions treatment and other health and social resources, and creating safer communities by reducing drug use in public spaces. Furthermore a CTS site will continue to advance system collaboration and coordination through the core of the city and work to improve community relations and reduce public disorder.

### **Consumption and Treatment Sites Staffing Model (Operation)**

As operators of a CTS site, Public Health Services proposes that they would have an operational model similar to those already operational within the province of Ontario.

To use the supervised consumption services within a CTS site, clients would attend the CTS site with pre-obtained drugs. They would undergo an assessment by a health care provider regarding drugs they intend to use, health history and any previous overdose history. Clients would then be escorted to a consumption room where they would be provided clean, sterile consumption equipment in one of the six (6) consumption stations. After consumption, they will be directed to wait in a “chill out” or after-care room where they will be monitored for negative health effects.

In addition to consumption services, PHS will be working with partner agencies to provide additional health services including primary care, first aid and wound care, addictions treatment services as well as provide access to social services (e.g.

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housing). The CTS site would also provide harm reduction supplies, including provision of take-home naloxone and be a site for disposal of harm reduction supplies.

The CTS site will operate from 9:00am-9:00pm, 7 days a week, 365 days a year.

The staffing model for each shift will be 2 Public Health Nurses, 1 Harm Reduction Worker, and 1 Peer Support Worker on site.

To operate, each CTS site is required to have a Responsible Person in Charge (RPIC). The RPIC is responsible for the site and activities at the site during operational hours. The RPIC is not required to be in the consumption area, but must be located within the same building and on the same floor during operating hours. When the RPIC is not on site during operating hours, an Alternate Responsible Person in Charge assumes the responsibility of the RPIC. Within the CTS model, they request that a designated health professional (e.g. Registered Nurse, Paramedic) must be on site at all times.

## **ALTERNATIVES FOR CONSIDERATION**

PHS could provide evidence and support to community agencies only, and not submit an Exemption Application to Health Canada and a Consumption and Treatment Services: Application Form to the MOHLTC to become an operator of a CTS site.

The pros to this alternative would be the removal of the risk and logistical concerns associated with the City of Hamilton operating a permanent CTS site.

The cons to this consideration is that, given the challenges experienced by community agencies in securing a second location for a CTS site within the city, the lack of action from the City may leave the community without adequate access to a permanent CTS site. This will most likely affect the continued morbidity and mortality from opioid misuse within the community. This consideration also limits the influence the Board of Health has on the operational model and services offered at a CTS site, as well as location in the city.

## **ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**

### **Healthy and Safe Communities**

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

## **APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.

## **References**

- 1 Opioid Investigative Aid, May 2017 to September 2018, Office of the Chief Coroner for Ontario, extracted January 21, 2019.
- 2 Health Canada, Government of Canada Actions on Opioids (2016 and 2017) (Ottawa: Government of Canada, 2017) at 6.
- 3 Health Canada, Government of Canada Actions on Opioids (2016 and 2017) (Ottawa: Government of Canada, 2017) at 7.
- 4 Canada (A.G.) v PHS Comm. Serv. Soc., 2011 3 S.C.R. at para 152 and 153.
- 5 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>
- 6 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>
- 7 City of Hamilton (Health and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2018. Available from: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>
- 8 City of Hamilton (Health and Safe Communities-Public Health Services) Mental Health & Harm Reduction Program, extracted February 26 2019; Ontario Drug Policy Research Network. Ontario Prescription Opioid Tool. Toronto, ON; Updated November 2018. DOI: 10.31027/ODPRN.2018.01. Available from: <http://odprn.ca/ontario-opioid-drugobservatory/ontario-prescription-opioid-tool/>