



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	October 18, 2021
SUBJECT/REPORT NO:	Comprehensive Opioid Response (BOH21009) (City Wide)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

Hamilton continues to be challenged by the ongoing opioid crisis as reflected in the continued rise in opioid overdoses and overdose deaths. The purpose of this report is to provide an overview of a comprehensive approach to address opioid-related harms in our community, assess the current local City of Hamilton opioid response, and provide next steps.

EXECUTIVE SUMMARY

Ontario continues to experience an opioid crisis with rising opioid-related overdoses and deaths. Locally, opioid overdoses and overdose deaths continue to increase year to year. A comprehensive approach, focusing on collective or multi-agency impact, is required to address this issue. Elements of the approach are best led at the local, provincial or federal level, depending on the issue. Using a four-pillar framework for action, this comprehensive approach would increase access to effective treatment,

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reduce harms, prevent future opioid misuse, and decrease the role of criminalization and stigma¹ by incorporating interventions and supports such as^{2,3,4,5,6,7}:

- Knowledge, coping, and resiliency building interventions; and,
- Facilitating widely accessible naloxone and needle exchange; and,
- Accessible HIV and Hepatitis C testing and treatment; and,
- Integration of harm reduction approaches into social service policies; and,
- Low-barrier regulated access to opioids of known contents and potency (safer supply); and,
- Accessible safe injection/supervised drug consumption; and,
- Quick access to culturally-appropriate withdrawal management (detox), residential and out-patient treatment, counselling, and substitution/ opioid agonist therapies (e.g., methadone or buprenorphine); and,
- Community policing initiatives; and,
- Decriminalization or discretionary enforcement of non-violent drug crimes; and,
- Eliminating the imposition of drug paraphernalia prohibitions, geographic restrictions, and abstinence clauses in court orders; and,
- Criminal justice diversion programs; and,
- Integration of harm reduction approaches and treatment services into corrections; and,
- Robust data, surveillance, and evaluation; and,
- Community engagement; and,

¹ MacPherson, D., A framework for action: A four-pillar approach to drug problems in Vancouver (Rev. ed.). Vancouver, BC: City of Vancouver. 2001.

² Buhler A, Thrul J., Prevention of addictive behaviours: updated and expanded edition of prevention of substance abuse. Lisbon: European Monitoring Centre for Drugs and Drug Addiction; 2013.

³ Taha, S., Maloney-Hall, B. & Buxton, J., Lessons learned from the opioid crisis across the pillars of the Canadian drugs and substances strategy. Substance Abuse Treatment Prevention Policy 14, 32 (2019).

⁴ Kerr T, Mitra S, Kennedy MC, McNeil R., Supervised injection facilities in Canada: past, present, and future. Harm Reduction Journal. 2017;14(1):28.

⁵ Strike C, et al., Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1 & Part 2. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. 2013/2015.

⁶ Nowell, M., Safe supply: What is it and what is happening in Canada?. CATIE, Prevention in Focus, Spotlight on programming and research. Spring 2021. Available from: <https://www.catie.ca/en/pif/spring-2021/safe-supply-what-it-and-what-happening-canada#bios>

⁷ Greenwald, G., Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies (April 2, 2009). Cato Institute Whitepaper Series. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1464837

- Coordinated partnerships focusing on collective impact; and,
- Health equity-oriented approach.

While the Hamilton Drug Strategy (HDS) has been paused since March 2020, Hamilton Public Health Services (HPHS) and local community agencies continue to offer a wide range of opioid-related harm focused interventions and as provincial reopening progresses so does the local service availability. Consistent with public health mandate, HPHS has continued to provide essential public health surveillance, prevention, and harm reduction services including weekly data reporting and qualitative information sharing, mental health services, supports for new parents and young families, and expanded naloxone, harm reduction supply distribution and Mobile Van service.

While there are many opioid-harm focused interventions implemented locally by a wide range of community agencies, there continues to be challenges with program capacity, access to safer use opportunities, collaboration and coordination, and addressing service barriers.

There continues to be limited service capacity for supervised consumption, safe supply, and managed opioid treatment programs locally. While leadership in securing these services is best provided by primary care and treatment experts in the community, HPHS has provided ongoing support to community partners including application requirements and site planning support, data sharing, and consultations.

Next steps include re-initiating community partner engagement including review of the past the HDS objectives and developing a plan to move forward within the context of Ontario Health's Health System recovery framework and alignment with the work of the Greater Hamilton Health Network. While decisions are made about the best coordinated approach, staff will continue to work on enhancing policy approaches to overdose prevention and harm reduction in a variety of community settings, in particular, in shelters and social housing spaces, and work with academic partners to understand and address the unique barriers and challenges experienced by priority populations.

Local Context

The City of Hamilton continues to be challenged by the ongoing opioid crisis compounded by a high concentration of urban poverty and local health inequities. Drug-related emergency department visits, hospital admissions, overdoses, and deaths have sharply increased in the past five years and this trend is mostly attributed to opioid-related poisoning and fentanyl.

The monthly number of overdose calls to Hamilton Paramedic Services has been steadily increasing. From January to August 2021, 594 people have called 911 locally for a suspected opioid overdose (compared to 565 for all of 2020); approximately 17 per week, or 2 per day; up from 10 per week or 1 per day for the same period in 2020. The

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total paramedic incidents recorded for the month of August 2021 was 109, which is the highest monthly count recorded since 2017⁸.

In 2020, the overall opioid-related emergency department visits rate in Hamilton was 116 per 100,000, which was 38 percent higher than the provincial rate (84 per 100,000). As of March, there have been 228 opioid-related emergency department visits and 37 hospitalizations so far in 2021^{9,10}. In 2020, opioid-related overdoses accounted for 40% (689/1753) of all overdose emergency department visits and of these 39% (267/689) were specifically noted as poisoning by fentanyl and derivatives².

Preliminary data available from the Office of the Chief Coroner indicates that 96 percent (155 out of 161) of the confirmed opioid-related deaths in Hamilton between January 2020 and March 2021 were deemed to be accidental. Deaths were primarily among adults; impacting mostly young adults age 25-44 years (48 percent or 77 deaths) and adults age 45-64 years (46 percent or 74 deaths). Fentanyl was the most common type of opioid contributing to these accidental overdose deaths (91 percent or 141 deaths) and most are identified as involving drugs only of non-pharmaceutical origin (79 percent or 122 deaths). Thirty-two percent or 49 of these confirmed accidental opioid-related deaths had some evidence of injection drug use and 57 of the 94 deaths with known information were alone at the time of death¹¹.

The burden of opioid use continues to be higher in Hamilton than in many other parts of the province. The opioid-related death rate in Hamilton has been consistently higher than the provincial rate. In 2020, Hamilton's opioid-related death rate was 29 percent higher than the provincial rate (21 compared to 16 per 100,000). In addition, Hamilton had one of the highest opioid-related death rates in Southern Ontario, following Lambton Public Health, Niagara Region Public Health (32 per 100,000), Peterborough Public Health (30 per 100,000), and Brant County Health Unit (25 per 100,000), and is higher than other large urban centres in Ontario, such as Toronto Public Health (17 per 100,000), Ottawa Public Health (12 per 100,000), and Peel Public Health (10 per 100,000)¹².

⁸ City of Hamilton (Health and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2021. Available from: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>

⁹ National Ambulatory Care Reporting System (NACRS), Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted August 9, 2021.

¹⁰ Discharge Abstract Database (DAD), Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted August 16, 2021.

¹¹ Office of the Chief Coroner for Ontario (OCC), Coroner's Opioid Investigative Aid, July 28, 2021.

¹² Office of the Chief Coroner for Ontario (OCC), Coroner's Opioid Investigative Aid, July 28, 2021.

While suspected opioid overdoses are occurring in all parts of the City, they are largely concentrated in the lower central areas in Wards 2 and 3. In 2020, Ward 2 had the highest number of opioid-related incidents (43 percent or 244 paramedic calls), followed by Ward 3 (25 percent or 141 paramedic calls)¹³. The characteristics of opioid-related paramedic incidents were similar across the city. In addition, the 2020 opioid-related emergency department visits rate was the highest in Ward 2 (283 per 100,000), followed by Ward 3 (265 per 100,000), both were more than double the City of Hamilton rate (116 per 100,000)¹⁴.

In the City of Hamilton, the annual number of local deaths due to poisoning from opioids significantly increased in 2017 and has remained high since that time. Preliminary data reports 124 confirmed opioid-related deaths in 2020 in the City of Hamilton, the third consecutive year with over 100 fatalities; highlighting the ongoing need for strong local interventions¹⁵.

A declaration of an opioid crisis in the City of Hamilton was made in November 2019.

See the Hamilton Opioid Information System <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system> and Public Health Ontario's Interactive Opioid Tool <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool> for more information.

Additional map visual of opioid-related emergency department visit rates by Ward is provided in Appendix "A" to Report BOH21009.

Impact of COVID-19 Pandemic Response

The COVID-19 pandemic response has significantly impacted vulnerable populations in many ways. Physical distancing interventions to control the spread of COVID-19 have multiple impacts on people living with opioid use disorder, including impacts on mental health that lead to greater substance use, the availability and quality of drug supply, the ways that people use drugs, treatment-seeking behaviours, treatment service availability, and retention in care; all of which can lead to increases in overdoses.

¹³ City of Hamilton (Health and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2021. Available from: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>

¹⁴ National Ambulatory Care Reporting System (NACRS), Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, extracted August 9, 2021.

¹⁵ City of Hamilton (Health and Safe Communities-Public Health Services) Hamilton Opioid Information System. 2021. Available from: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system>

Provincial analysis also suggests that during the pandemic response there have been significant increases in opioid-related deaths among people experiencing homelessness, increases in deaths occurring in shelters and alternative housing including temporary COVID-19 physical distancing and isolations spaces, and that the drug supply has become increasingly unpredictable¹⁶.

Comprehensive Approach to Opioid Response

Opioid use disorder is a complex issue, and there is no silver bullet for addressing it. Rather, a multifaceted, comprehensive approach rooted in scientific evidence is needed. A comprehensive opioid dependence and overdose response must increase access to effective treatment, reduce harms, prevent future opioid misuse, and decrease the role of criminalization and stigma¹⁷. Whether scaled up to a broad community drug strategy or remaining specific to only opioid-related harms the four-pillar approach focusing on prevention, harm reduction, treatment, and enforcement has long been considered the foundation of a comprehensive response.

The four-pillar approach to drug policy emerged in Europe in the 1990s and was later launched in Canada as part of Vancouver's first integrated drug strategy. This approach represented a significant shift in thinking and action on drug and substance misuse from punitive abstinence-based policy to incorporate patient-focused care and harm reduction. The current federal [Canadian Drugs and Substances Strategy \(CDSS\)](#), led by the Minister of Health, includes all four of these pillars, as do many other jurisdictions in Canada and globally (e.g. Toronto, Brantford, Middle-Sex London, Peel, Windsor-Essex)¹⁸.

The four-pillars are outlined below, in Table 1.

¹⁶ Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner L, Watford J on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021.

¹⁷ MacPherson, D. A framework for action: A four-pillar approach to drug problems in Vancouver (Rev. ed.). Vancouver, BC: City of Vancouver. 2001

¹⁸ Leece P, Khorasheh T, Paul N, et al, Communities are attempting to tackle the crisis': a scoping review on community plans to prevent and reduce opioid-related harms, BMJ Open 2019

Table 1: Four Pillars of Drug Policy

Pillar	Description	Key Delivery Channels	Examples of Effective Opioid Response Interventions¹⁹
Prevention and Education ²⁰	<p>Interventions to prevent or delay substance use or limit the development of problems associated with using substances.</p> <p>Includes strengthening health, social and economic factors that can reduce the risk of substance use and addressing risk and protective factors and systemic barriers. This can include access to health care, stable housing, education and employment. Strategies include a range of health promotion programs and advocacy for policy and legislative change.</p>	<p>Public Health</p> <p>Educational institutions and boards</p> <p>Mental health service providers</p> <p>Healthy family and child/ youth service providers</p> <p>Training program providers</p> <p>Professional associations</p>	<p>Knowledge, coping, and resiliency building interventions such as mentorship, skills enhancement training, patient knowledge, school and community education, and parenting interventions.</p> <p>Improved curriculum and continuing medical education on pain management, substance use disorders, and stigma</p>

¹⁹ The effective interventions noted do not constitute an exhaustive list. In-depth evidence review would be required.

²⁰ Buhler A, Thrul J. Prevention of addictive behaviours: updated and expanded edition of prevention of substance abuse. Lisbon: European Monitoring Centre for Drugs and Drug Addiction; 2013.

Pillar	Description	Key Delivery Channels	Examples of Effective Opioid Response Interventions ¹⁹
Harm Reduction ^{21, 22,23}	<p>Interventions to reduce the harms associated with substance use for individuals, families and communities without requiring complete abstinence from substance use.</p> <p>Interventions aim to reduce the spread of communicable diseases, prevent overdose deaths, increase contact with healthcare providers, and reduce consumption of illicit substances in unsafe settings.</p> <p>Effective approaches are user-friendly, client-centred and offered in non-judgmental environments.</p>	<p>Public Health</p> <p>Community health centres</p> <p>Non-profit organizations</p> <p>Pharmacies</p> <p>Shelters & housing providers</p> <p>Hospitals</p> <p>Primary care providers</p> <p>Peer support agencies</p>	<p>Accessible safe injection/ supervised drug consumption</p> <p>Widely accessible naloxone and needle exchange</p> <p>Low-barrier regulated access to opioids of known contents and potency (safer supply)</p> <p>HIV and Hepatitis C testing and treatment</p> <p>Integration of harm reduction approaches into social service policies</p>

²¹ Strike C, et al. Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms: Part 1 & Part 2. Toronto, ON: Working Group on Best Practice for Harm Reduction Programs in Canada. 2013/2015.

²² Kerr T, Mitra S, Kennedy MC, McNeil R. Supervised injection facilities in Canada: past, present, and future. Harm Reduct J. 2017;14(1):28.

²³ Nowell, M. Safe supply: What is it and what is happening in Canada?. CATIE, Prevention in Focus, Spotlight on programming and research. Spring 2021. Available from: <https://www.catie.ca/en/pif/spring-2021/safe-supply-what-it-and-what-happening-canada#bios>

Pillar	Description	Key Delivery Channels	Examples of Effective Opioid Response Interventions ¹⁹
Treatment and Recovery ²⁴	<p>Interventions to improve the physical, emotional, psychological and spiritual health of people who use or have used substances through various psychosocial and psychopharmacological therapeutic methods.</p> <p>Treatment services provide options along a continuum of care that support the differing needs of individuals.</p>	<p>Addictions treatment providers</p> <p>Non-profit organizations</p> <p>Hospitals</p> <p>Primary care providers</p>	<p>Quick access to culturally-appropriate withdrawal management (detox), residential and out-patient treatment, counselling, and substitution/ opioid agonist therapies (e.g., methadone or buprenorphine)</p>

²⁴ Taha, S., Maloney-Hall, B. & Buxton, J. Lessons learned from the opioid crisis across the pillars of the Canadian drugs and substances strategy. Substance Abuse Treatment Prevention Policy 14, 32 (2019).

Pillar	Description	Key Delivery Channels	Examples of Effective Opioid Response Interventions ¹⁹
Enforcement and Justice ²⁵	<p>Interventions to strengthen community safety by responding to the crimes, and community disorder issues associated with substance use.</p> <p>Effective interventions include coordination between the broader justice system of the courts, probation, parole and other health and social services.</p>	<p>Police</p> <p>Diversion programs</p> <p>Courts and corrections</p>	<p>Community policing initiatives</p> <p>Decriminalization or discretionary enforcement of non-violent drug crimes</p> <p>Eliminating the imposition of drug paraphernalia prohibitions, geographic restrictions, and abstinence clauses in court orders</p> <p>Criminal justice diversion programs</p> <p>Integration of harm reduction approaches and treatment services into corrections</p>

While there is limited evaluation evidence of this model, reviews of existing opioid response initiatives suggest that there are several additional factors that should be considered to facilitate an effective comprehensive opioid response. These include:

- Robust data, surveillance, and evaluation**

A strong evidence base including research evidence, accurate timely reliable data, and robust evaluation measurements are essential to a comprehensive opioid response. Reviewing and using existing research evidence and collecting and analysing data are key to assessing the local situation, identifying trends and priorities, responding to emerging issues, and measuring the impact of opioid response interventions.
- Community engagement with special considerations for engaging frontline workers and people with lived experience with substance use**

²⁵ Greenwald, G., Drug Decriminalization in Portugal: Lessons for Creating Fair and Successful Drug Policies (April 2, 2009). Cato Institute Whitepaper Series. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1464837

Community engagement can improve the uptake and sustainability of evidence-based practices and allows for tailored approaches that meet the unique needs of the community. Including groups such as frontline workers and people with lived experience with substance use in the development process for opioid response initiatives leads to better relationships and trust with service users, increased relevance of programs and services, and ultimately increased uptake of initiatives.

- **Coordinated partnerships focusing on collective impact**
Effective solutions to the opioid overdose crisis require strong partnerships across government, legal, health, and other community stakeholders because complex social issues are best addressed when different sectors of a community work together. Dedicated leadership is also needed to provide sustainability, coordination, evaluation, and oversight of projects. Common agendas, shared measurement of results, demonstrated accountability, and continuous communication are all noted facilitators of collective impact.
- **Health equity-oriented approach with special consideration for engaging priority groups such as youth, women, people identifying as 2SLGBTQIA+, people experiencing homelessness, and Indigenous people and communities**
Equity-oriented frameworks are recommended to better understand and respond to the interconnected social and cultural factors that impact health outcomes for people who use opioids, especially for those experiencing systemic inequities, unique vulnerabilities, and structural violence.

These pillars and facilitators also align with the requirements outlined in the Ontario Public Health Standards (2021), Substance Use Prevention and Harm Reduction Guideline²⁶, that requires boards of health to collaborate with local partners to prevent or delay substance use, prevent problematic substance use, reduce the harms associated with substance use, re-orient services to meet the population needs, and contribute to the planning of and referral to treatment and other services.

Community Assessment

Throughout the COVID-19 emergency response, HPHS and local community agencies have continued to provide harm reduction, community outreach, mental health supports, engagement, diversion, data sharing, and treatment services. While the Hamilton Drug Strategy (HDS) has been paused since March 2020, HPHS and local community agencies continue to offer a wide range of opioid-related harm focused interventions and as provincial reopening progresses so does the local service availability.

²⁶ Ministry of Health and Long-Term Care. Substance Use Prevention and Harm Reduction Guideline, 2018 [Internet]. Toronto, ON: Queen's Printer for Ontario, 2018

Consistent with public health mandate, HPHS has continued to provide essential public health surveillance, prevention, and harm reduction services including weekly data reporting and qualitative information sharing, mental health services and outreach, supports for new parents and young families, and expanded naloxone, harm reduction supply distribution and Mobile Van service.

Local opioid response community highlights²⁷ are noted below:

Prevention and Education

- Mental health services for children and youth, mental health street outreach programs, and essential supports for new parents and young families continue to be offered through a variety of programs. COVID-19 emergency response has limited the capacity of many of these services; and,
- Youth engagement continues via several community providers including the Youth Engagement Series - Y.E.S. Program and the Hub; and,
- HPHS health promotion and school-based interventions are largely on-hold due to COVID-19 emergency response.

Harm Reduction

- Community naloxone, harm reduction supply distribution, access to Mobile Van services was expanded; and,
- Planning for an expansion of the Community Sharps Disposal Bin project to 24 locations is underway; and,
- Hamilton Urban Core Community Health Centre (HUCCHC) continues to operate a Consumption and Treatment Services (CTS) site; and,
- Several service providers are providing outreach services including the Grenfell Ministries C.O.A.C.H. program, and the CMHA Street team; and,
- HAMSMaRT, Keeping Six and the Inpatient Addiction Medicine Service successfully piloted a safer drug use space and safe supply program at the Salvation Army Booth Centre while they were in COVID-19 outbreak; and,
- HUCCHC is in the process of submitting a funding proposal for Safer Opioid Supply (SOS) Program to the Substance Use and Addictions Program (SUAP) funding call out.

Treatment and Recovery

- Treatment and recovery services are provided by a range of agencies such as Wayside House, Marchese, Mission Services, Grenfell Ministries, HPHS Alcohol, Drugs and Gambling Services, and the Salvation Army; and,

²⁷ The community actions are highlights of current programs and services offered locally and do not represent an exhaustive list.

- Rapid access services include St. Joseph's Healthcare Hamilton RAAM Clinic and The Good Shepherd Mobile Community-Based RAAM (MCBR) Nurse Practitioner service; and,
- Youth specific treatment services continue via service providers such as Alternatives for Youth, Good Shepherd Youth Services, and the newly launched Young Adult Substance Use Program (YA-SUP) at St. Joseph's Healthcare Hamilton.

Enforcement and Justice

- The Hamilton Police Service the Social Navigator Program (SNP) was expanded to five officers with police and paramedics, working in tandem with social agencies, to connect vulnerable individuals to appropriate community care and distribute naloxone; and,
- Programs such as Mission Services Alternative Justice Support Services and Youth Pre-Charge Diversions - Extrajudicial Measures (E.J.M.) continue to provide support for persons using substances who have come into contact with the justice system; and,
- HUCCHC and the Hamilton Wentworth Detention Centre are piloting a post incarceration/release planning program.

While there are many opioid-harm focused interventions implemented locally by a wide range of community agencies, there continues to be challenges with program capacity, access to safer use opportunities, collaboration and coordination, and addressing service barriers.

Community partners have preliminarily identified the following service gaps or challenges with current local service provision: wait times/service capacity, access barriers created by abstinence requirements, sustainable funding, shortages of services for specific populations (e.g. women, 2SLGBTQIA+, culturally sensitive), and barriers related to accessing virtual service delivery.

National Dialogues on Drug Policy hosted a Hamilton Getting to Tomorrow: Ending the Overdose Crisis engagement session on July 27th and 29th 2021 with a broad range of community stakeholders. Key themes for action emerging from that session included the following:

- Increased coordination and leadership across service delivery sectors; and,
- Increased access to safer use opportunities (consumption and supply), particularly in alternative housing spaces; and,
- Effective strategies require increased engagement with people who use drugs, trusted professionals, and peer support experts.

There continues to be limited service capacity for supervised consumption, safe supply, and managed opioid treatment programs locally. Currently only one organization,

HUCCHC, is operating a Consumption and Treatment Service (CTS) site in the City of Hamilton. While leadership in securing these services is best provided by primary care and treatment experts in the community, HPHS has provided ongoing support to community partners including application requirements and site planning support, data sharing, and consultations.

Notable events and timelines related to SCS/CTS locations in Hamilton are provided in Appendix “B” to Report BOH21009.

Health System Recovery

Improving mental health and addictions has been identified as a priority in Ontario Health’s COVID-19 Health System recovery framework. The following has been identified as one of the four goals set to be addressed by Ontario Health and the Ontario Health Teams, including the Greater Hamilton Health Network:

“Increase overall access to community mental health and addictions services with a focus on individuals with substance use disorders to address the urgent opioid overdose crisis, including focus on reducing inequities for priority populations, including Indigenous, Black, and racialized communities.”

The local response also needs to build on the evolving role of the Greater Hamilton Health Network and Ontario Health to ensure a coordinated and effective response and minimize duplication and missed opportunities.

Next Steps

In order to further support the implementation of a comprehensive approach to decreasing opioid-related harms and overdoses the following next steps have been identified:

- 1. Work with academic partners to understand the unique barriers and challenges experienced by priority populations**

As different populations have been uniquely impacted by COVID-19 and the associated emergency response measures, so too are opioid-related harms unequally distributed throughout our community. Developing engagement mechanisms designed to more wholly understand the experiences of people who are differentially impacted is needed to ensure that the response considers diversity, equity, and inclusion principals in the response. Hamilton Public Health Services has initiated engagement with CityLAB Hamilton to plan a collaborative project that aims to understand the specific needs, experiences, and ongoing barriers facing those most at-risk locally.

2. Enhance policy approaches to overdose prevention and harm reduction in a variety of community settings, in particular, in shelters and social housing spaces

Given increasing overdose deaths occurring in new community settings, such as shelters and alternative housing including temporary COVID-19 physical distancing and isolations spaces, there is an emerging need to ensure that service providers also know how to prevent and respond to overdoses. Service providers may find themselves in a situation where they can intervene in an overdose situation, whether at a drop-in program, a housing setting, a public building, or a facility parking lot. Similar to how local service providers were provided infection prevention and control support throughout the COVID-19 emergency response, resources are needed for operators to build capacity in overdose awareness, prevention, and preparedness through knowledge sharing partnerships and policy/protocol development support.

3. Re-initiating community partner engagement including review of the past the HDS objectives and developing a plan to move forward within the context of Ontario Health’s Health System recovery framework and alignment with the work of the Greater Hamilton Health Network

Complex social issues are best addressed when community partners work together. The COVID-19 pandemic and emergency response has changed both the nature of service provision and the opioid overdose context locally. While there are many programs, services, and agencies providing interventions, consistent with the National Dialogues on Drug Policy engagement session feedback, community collaboration, coordination, and strategic actions could be improved. Re-connecting with local expertise to further understand the current situation and challenges is a necessary step to developing a robust local response to increasing opioid overdoses. The HDS will be re-engaged to review the status of the strategy, assess the current local situation, and develop a plan to move forward in the context of evolving role of the Greater Hamilton Health Network and Ontario Health to ensure an aligned and coordinated response.

Next steps towards improving the local opioid response include re-initiating community partner engagement and response planning through the HDS. While decisions are made about the best coordinated approach, staff will continue to work on supporting overdose preparedness and harm reduction approaches and work to understand the unique service barriers being experienced locally.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH21009: Opioid-related emergency department visits by Ward map

Appendix "B" to Report BOH21009: Notable events and timelines related to
SCS/CTS locations in Hamilton