



**PUBLIC HEALTH COMMITTEE
(Formerly the Board of Health)
REPORT 23-007**

9:30 a.m.

Monday, June 12, 2023

Council Chambers, City Hall, 2nd Floor
71 Main Street West, Hamilton, Ontario

Present: Mayor A. Horwath (Chair)
Councillor M. Wilson (Vice-Chair)
Councillors C. Cassar, B. Clark, J.P. Danko, M. Francis, T. Hwang,
T. Jackson, C. Kroetsch, T. McMeekin, N. Nann, E. Pauls, M.
Spadafora, M. Tadeson, A. Wilson

**Absent with
Regrets:** Councillor J. Beattie - Personal

**THE PUBLIC HEALTH COMMITTEE PRESENTS REPORT 23-007 AND RESPECTFULLY
RECOMMENDS:**

1. Collective Impact: Healthy and Safe Communities and the Greater Hamilton Health Network 2023 Update (BOH23020) (City Wide) (Item 8.1)

That Report BOH23020, respecting Collective Impact: Healthy and Safe Communities and the Greater Hamilton Health Network 2023 Update, be received.

2. Hamilton Opioid Action Plan (BOH23021) (City Wide) (Item 8.2)

- (a) That the Hamilton Opioid Action Plan, attached as Appendix "A" to Report BOH23021, be approved;
- (b) That the Public Health Services budgeted complement be increased by 1.0 FTE Health Strategy Specialist, with funding for the 2023 costs of \$39,048 to come first from any Public Health Services levy funded surplus, then from the Public Health Services Reserve (112219), and that the 2024 operating cost of \$116,760 be included in the 2024 Tax Operating Budget;
- (c) That a one-year drug checking and surveillance system pilot be implemented *in a manner satisfactory to the City Solicitor and that staff report back to the Public Health Committee in Q3 2024*, at a cost of \$118,000 to be funded in

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2023, first from any Public Health Services levy funded surplus, then from Public Health Services Reserve (112219), and that the 2024 operating costs of \$60,000 be included in the 2024 Tax Operating Budget;

- (d) That an 18 month pilot be implemented to provide a supervised consumption site in a men's shelter by Housing Services through a Call for Applicants, for a total cost of \$667,000 and that the cost of \$120,000 for 2023 be funded from first from any Healthy and Safe Communities departmental levy funded surplus, then from Public Health Services Reserve (112219), and that the costs of \$547,000 be included in the 2024 and 2025 Tax Operating Budget;
- (e) That Public Health Services conduct an evaluation of the pilot men's shelter supervised consumption site and report back in Q4 2024; and
- (f) That the General Manager, Healthy and Safe Communities Department or delegate be authorized and directed, on behalf of the City of Hamilton, to enter into, execute and administer all agreements and documents necessary to implement the Call for Applicants for a shelter based supervised consumption space, including but not limited to spending caps, benefit frequency limits, or other controls necessary to ensure costs are contained within the approved budget.

3. Cold Alert Threshold Review (BOH23005(a)) (City Wide) (Item 10.1)

- (a) That thresholds for Cold Alerts issued by the Medical Officer of Health remain at -15°C or -20 windchill; and
- (b) That the City's annual Winter Response Strategy, which is being developed to support individuals experiencing homelessness during winter months be provided independent of Cold Alerts issued by the Medical Officer of Health.

FOR INFORMATION:

(a) CEREMONIAL ACTIVITIES (Item 1)

(i) Public Health Services 150th Anniversary (Item 1.1)

Dr. Richardson, Medical Officer of Health, addressed the Committee to provide remarks celebrating Public Health Services 150th Anniversary.

(b) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Committee that there were no changes to the agenda.

The agenda for the June 12, 2023 Public Health Committee was approved, as presented.

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

The following Minutes of the Public Health Committee were approved, as presented:

- (i) May 1, 2023 (Item 4.1)
- (ii) May 15, 2023 – Special PHC (Item 4.2)

(e) COMMUNICATIONS (Item 5)

(i) The following Communication items were approved, as presented:

- (a) Correspondence from Middlesex-London Health Unit, respecting Monitoring Food Affordability and Implications for Public Policy and Action (Item 5.1)

Recommendation: Be Received.

- (b) Correspondence from Huron Perth Public Health, respecting a Request for Immediate Funding for Student Nutrition Programs and to Increase Funding for Future School Years (Item 5.2)

Recommendation: Be Endorsed.

- (c) Correspondence from Huron Perth Public Health, respecting Federal School Food Policy (Item 5.3)

Recommendation: Be Endorsed.

- (d) Correspondence from Public Health Sudbury and Districts respecting Bill 93, Joshua's Law (Lifejackets for Life), 2023 (Item 5.4)

Recommendation: Be Endorsed.

- (e) Correspondence from Timiskaming Health Unit respecting Addressing Household Food Insecurity in Ontario (Item 5.5)

Recommendation: Be Endorsed.

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- (f) Correspondence from Chatham-Kent Public Health respecting Universal, No-cost Coverage for all Prescription Contraceptive Options to all People Living in Ontario (Item 5.6)

Recommendation: Be Endorsed.

- (g) Correspondence from Peterborough Public Health respecting Public Health 2024 Budget (Item 5.7)

Recommendation: Be Received.

(f) STAFF PRESENTATIONS (Item 8)

(i) Collective Impact: Healthy and Safe Communities and the Greater Hamilton Health Network 2023 Update (BOH23020) (City Wide) (Item 8.1)

Dr. Richardson, Medical Officer of Health, and Melissa McCallum, Executive Director, Greater Hamilton Health Network, addressed the Committee respecting Collective Impact: Healthy and Safe Communities and the Greater Hamilton Health Network 2023 Update, with the aid of a PowerPoint presentation.

The presentation respecting Report BOH23020, Collective Impact: Healthy and Safe Communities and the Greater Hamilton Health Network 2023 Update, was received.

For disposition of this matter, please refer to Item 1.

(ii) Hamilton Opioid Action Plan (BOH23021) (City Wide) (Item 8.2)

Dr. Richardson, Medical Officer of Health, introduced Melissa Biksa, Manager, Mental Health and Harm Reduction and Dr. Mark Cachia, Public Health & Preventive Medicine Resident, who addressed the Committee respecting the Hamilton Opioid Action Plan, with the aid of a PowerPoint presentation.

The presentation respecting Report BOH23021, Hamilton Opioid Action Plan, was received.

The Report Recommendations were put on the floor, as follows:

- (a) That the Hamilton Opioid Action Plan, attached as Appendix “A” to Report BOH23021, be approved;
- (b) That the Public Health Services budgeted complement be increased by 1.0 FTE Health Strategy Specialist, with funding for the 2023 costs of \$39,048

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to come first from any Public Health Services levy funded surplus, then from the Public Health Services Reserve (112219), and that the 2024 operating cost of \$116,760 be included in the 2024 Tax Operating Budget;

- (c) That a one-year drug checking and surveillance system pilot be implemented at a cost of \$118,000 to be funded in 2023, first from any Public Health Services levy funded surplus, then from Public Health Services Reserve (112219), and that the 2024 operating costs of \$60,000 be included in the 2024 Tax Operating Budget;
- (d) That an 18 month pilot be implemented to provide a supervised consumption site in a men's shelter by Housing Services through a Call for Applicants, for a total cost of \$667,000 and that the cost of \$120,000 for 2023 be funded from first from any Healthy and Safe Communities departmental levy funded surplus, then from Public Health Services Reserve (112219), and that the costs of \$547,000 be included in the 2024 and 2025 Tax Operating Budget;
- (e) That Public Health Services conduct an evaluation of the pilot men's shelter supervised consumption site and report back in Q4 2024; and
- (f) That the General Manager, Healthy and Safe Communities Department or delegate be authorized and directed, on behalf of the City of Hamilton, to enter into, execute and administer all agreements and documents necessary to implement the Call for Applicants for a shelter based supervised consumption space, including but not limited to spending caps, benefit frequency limits, or other controls necessary to ensure costs are contained within the approved budget.

The following amendments were put on the floor:

That sub-section (c) to Report BOH23021, respecting Hamilton Opioid Action Plan, **be amended**, by adding the words "***in a manner satisfactory to the City Solicitor***", as follows:

- (c) That a one-year drug checking and surveillance system pilot be implemented ***in a manner satisfactory to the City Solicitor*** at a cost of \$118,000 to be funded in 2023, first from any Public Health Services levy funded surplus, then from Public Health Services Reserve (112219), and that the 2024 operating costs of \$60,000 be included in the 2024 Tax Operating Budget;

That sub-section (c) to Report BOH23021, respecting Hamilton Opioid Action Plan, **be further amended**, by adding the words "***and that staff report back to the Public Health Committee in Q3 2024***", as follows:

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- (c) That a one-year drug checking and surveillance system pilot be implemented in ***a manner satisfactory to the City Solicitor and that staff report back to the Public Health Committee in Q3 2024***, at a cost of \$118,000 to be funded in 2023, first from any Public Health Services levy funded surplus, then from Public Health Services Reserve (112219), and that the 2024 operating costs of \$60,000 be included in the 2024 Tax Operating Budget;

For disposition of this matter, please refer to Item 2.

(g) MOTIONS (Item 11)

(i) Air Pollution & Mental Health Impacts (Item 11.1)

In Councillor Nann's absence the Committee was advised that the following motion will be considered at the June 21st Council meeting:

WHEREAS, emerging data points to a connection between air pollution and mental and neurological health impacts;

WHEREAS, Hamilton Public Health does not currently collected data on air pollution and it's links to mental and neurological health outcomes;

WHEREAS, Hamilton Public Health does not currently have the resources to collect, analyze, and report to Public Health Committee on this data; and

WHEREAS, Hamilton Public Health regularly benefits from partnership with academics and other health research institutions where there are intersecting areas of interest.

THEREFORE, BE IT RESOLVED:

- (a) That Public Health Staff be directed to identify the resources required to develop, in partnership with the Centre for Addictions and Mental Health (CAMH), McMaster University and other local stakeholders, a suite of evidence informed indicators that can be used locally to monitor the impact of air pollution on mental and neurological health outcomes for future Health Check reports;
- (b) That staff report back to Public Health Committee on the identified resources needed by the start of Q4 2023, so that any staffing and/or financial needs can be identified for inclusion in the 2024 Budget; and

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- (c) That staff include this information in future Health Check reports to Public Health Committee by the beginning of 2025 and annually thereafter.

(h) GENERAL INFORMATION / OTHER BUSINESS (Item 13)

(i) Amendments to the Outstanding Business List (Item 13.1):

The amendments to the Outstanding Business List, were approved, as follows:

(a) Items Considered Complete and Needing to be Removed (Item 13.1(a)):

- (i) Clean Air Hamilton Annual Progress Report 2021 (BOH230010) (Item 13.1(a)(a))
OBL Item: 2023-D
Date Added: March 20, 2023 (BOH Report 23-003 - Item 1)
Date Completed: May 1, 2023 (PHC Report 23-005 - Item 1)
- (ii) Modelling Morbidity and Mortality using the Hamilton Airshed Modelling System (BOH18016(a)) (Item 13.1(a)(b))
OBL Item: 2023-E
Date Added: March 20, 2023 (BOH Report 23-003 - Item 2)
Date Completed: May 1, 2023 (PHC Report 23-005 - Item 2)

(b) Items Requiring a New Due Date (Item 13.1(b)):

- (i) Municipal Actions to Reduce Harms Associated with Alcohol Use (BOH19032) (Item 13.1(b)(a))
OBL Item: 2019-V
Current Due Date: July 2023
Proposed Due Date: September 2023
- (ii) Child & Adolescent Services 2021-2022 Budget and Base Funding Increase of Five Percent (BOH 21010) (City Wide) (Item 13.1(b)(b))
OBL Item: 2021-G
Current Due Date: April 2023
Proposed Due Date: September 2023

(c) Item to be Referred to the Public Works Committee (Item 13.1(c)):

- (i) Correspondence from Dr. Penny Sutcliffe, Medical Officer of health and Chief Executive Officer, Public Health Sudbury & Districts,
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respecting Physical Literacy for Healthy Active Children (Daily School Route) (Item 13.1(c)(a))
OBL Item: 2023-B

(i) ADJOURNMENT (Item 15)

There being no further business, the Public Health Committee adjourned at 1:14 p.m.

Respectfully submitted,

Councillor Maureen Wilson
Chair, Public Health Committee

Matt Gauthier
Legislative Coordinator
Office of the City Clerk



Hamilton Opioid Action Plan

Prepared by MASS LBP for Hamilton Public Health Services

May 24, 2023

Introduction

This plan was developed in collaboration with several dozen stakeholders and community members in Spring 2023. The plan outlines thirteen immediate actions which can help to reduce the deaths and harms caused by the toxic drug supply in Hamilton. The plan also proposes a series of subsequent actions across a spectrum of prevention, harm reduction, treatment and social justice/ justice to be initiated this year which aim to provide better services and supports to individuals and families grappling with the consequences of the opioid epidemic.

As people who use substances, their families and frontline workers have disproportionately borne the harms associated with the opioid crisis, the plan includes actions to bolster the existing responses in the community.

National, Provincial and Local Context

National

Across the country, the opioid epidemic has had devastating effects on individuals, families, and communities. These related harms are exacerbated by a drug toxicity crisis, where opioids circulating on the streets are frequently mixed with dangerous additives that may be unknown to the user. Due to the rising toxicity of opioids, deaths related to substance use are increasing across the country. This has resulted in a public health emergency, requiring an urgent and coordinated response.

The COVID-19 pandemic has placed additional strain on the resources needed to tackle the opioid crisis. In order to respond to the pandemic, significant resources and capacity were shifted away from harm reduction, treatment and prevention. Two years of combatting the pandemic has also contributed to burnout for frontline workers in a variety of sectors. Concurrently, the pandemic intensified the root causes of substance use such as trauma and precarious housing while forcing people who use substances (PWUS) to use in isolation or with little support.

Federally, the government has been working to address the opioid epidemic by supporting the provinces and municipalities in their efforts. This includes, but is not limited to, dispensing free naloxone kits throughout the country, passing the *Good Samaritan Drug Overdose Act*, and approving supervised consumption sites and overdose prevention sites through Urgent Public Health Needs site applications¹.

¹<https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-opioid-crisis-fact-sheet.html>

Ontario

Ontario continues to experience high rates of opioid-related morbidity and mortality. The province saw a 79% increase in monthly opioid-related deaths in 2020, from 139 deaths in February 2020 to 249 deaths in December 2020². Of these deaths, almost one in six occurred among people experiencing homelessness, and one in ten occurred within shelters or supportive housing³. In 2023, the province continues to experience an increase in opioid-related harms as reflected in high numbers of emergency department visits, hospitalizations, and deaths⁴.

The provincial government has outlined its strategy to address the opioid crisis in the “Roadmap to Wellness: A Plan to Build Ontario’s Mental Health and Addictions System”. The strategy calls for the improvement and expansion of mental health services through the development of a “core services framework” that will define standardized support pathways.

The provincial plan focuses on the implementation of the Mental Health and Addictions Centre of Excellence, a coordinated body responsible for identifying service gaps, establishing performance indicators, and identifying the digital needs of service providers.

Hamilton

The data below highlights the impact of the opioid crisis on the City of Hamilton:

- Emergency department visits for opioid overdoses increased 494% between 2016 and 2021⁵
- Deaths have increased 31% from 2020-2021⁶
- From January to October 2022, there were 139 confirmed or probable opioid-related deaths in Hamilton⁷
- Hamilton’s opioid death rate has been consistently higher than the provincial rate⁸

²https://www.publichealthontario.ca/-/media/Documents/C/2021/changing-circumstances-infographic.pdf?rev=e9cb2312bda146d792ed57e3d09329b7&sc_lang=en

³ *ibid*

⁴<https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>

⁵ Hamilton Paramedic Services, [extracted March 13, 2023
Office of Chief Coroner, 2023]

⁶ *ibid*

⁷ *ibid*

⁸ Office of the Chief Coroner of Ontario received January 20, 2023.

- Opioid death rates in Hamilton were 45% higher than in Ontario in 2021, but ranged from 111% higher in 2018 to 30% higher in 2020⁹

The City of Hamilton is working to address the crisis including through continued advocacy to the Province for the nine resolutions proposed by the Association of Local Public Health Agencies:

1. Create a multi-sectoral task force, including PWUS, to guide the development of a robust, integrated provincial drug poisoning crisis response plan
2. Expand access to harm reduction programs and practices, Urgent Public Health Needs Sites, drug testing, inhalation sites, and safer opioid supply
3. Enhance and ensure the sustainability of support for substance use prevention and mental health promotion initiatives, with a focus on early childhood to adolescence
4. Expand the collection, analysis, and reporting of timely integrated epidemiological data initiatives
5. Expand access to treatment for opioid use disorder and support the overall health of PWUS
6. Address the structural stigma, discrimination, and related harms that create systemic barriers for PWUS
7. Advocate to and support the Federal government to decriminalize personal use and possession of substances, paired with increased investments in health and social services
8. Acknowledge and address the socioeconomic determinants of health, systemic racism, and their intersections that are risk factors for substance use and pose barriers to accessing supports
9. Provide funding and other supports to enable consistent community leadership by PWUS and community organizations.

There are many other local initiatives to respond to the opioid crisis, spearheaded by grass roots organizations, people with living/lived experience, academics, health and social service organizations, and harm reduction workers. However, further local coordination and prioritization are needed in order to enhance ongoing local efforts.

⁹ Office of the Chief Coroner of Ontario, extracted from the Public Health Ontario Interactive Opioid Tool, January 24, 2023. Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool#/maps>

Defining the Crisis

Toxicity

A toxic and unpredictable drug supply is one of the drivers of the current drug toxicity crisis. Potent additives, such as xylazine and benzodiazepines are increasing the toxicity of the unregulated drug supply and their presence and potency are often unknown to the individual. This significantly increases the risk of drug poisoning and is the driving factor in the mounting number of deaths tied to substance use.

The social determinants of health are a factor

The detrimental effects of poverty, intergenerational trauma, mental health disparities, and various other social determinants of health significantly contribute to and exacerbate the impacts of the opioid crisis. Lack of adequate primary care, mental health services, and housing supply creates challenges in providing adequate treatment and resources. In addition, the broader social determinants of health must be addressed holistically in order to prevent problematic substance use among individuals and youth.

Intergenerational trauma, stemming from the historical exclusion of equity-deserving groups and the adverse experiences passed down through generations, further contributes to the crisis, perpetuating a cycle of problematic substance use.

Understanding the intersection of mental health challenges and problematic opioid use is a necessity for the proper care and treatment of PWUS.

Addressing these underlying social determinants is crucial for effective intervention and prevention strategies. This includes the need for a wide spectrum of integrated treatment and harm reduction options to address the complex needs of some PWUS.

Need for urgent action and collaboration

Complex

The multifaceted nature of societal issues requires an understanding that the root causes, such as poverty, trauma, mental health disparities, and various other factors, which are often intertwined. To effectively address these challenges, comprehensive and coordinated solutions must be implemented that recognize the interconnectedness of these issues. This requires a multi-sectoral response, with an integrated spectrum of services that work in concert to address the complex needs of PWUS.

The fact that addressing these root causes extends beyond the scope of municipal governance adds to the complexity of mounting an effective response. The implementation of evidence-informed solutions requires resources and collaboration from various stakeholders at municipal, provincial, and federal levels. The barriers associated with an inter-governmental response further necessitate the need for local partnerships between relevant stakeholders and people with lived experience to share resources and implement robust solutions. An effective local response depends on the ongoing collaboration of local public health agencies, primary care providers, community groups, harm reduction workers, and people with lived experience.

Alignment

The lack of coordination and collaboration between different sectors, such as healthcare, social services, law enforcement, and community organizations, has hindered the delivery of effective services and treatment for the opioid crisis. This fragmented system has led to gaps in care, duplicated efforts, competition for resources, and missed chances for early intervention. To effectively address the opioid crisis in Hamilton, it is crucial to break down these barriers and promote a coordinated approach among all stakeholders. This means actively working together, sharing information, and collaborating on actions to overcome the challenges Hamilton faces.

Impact

To improve Hamilton's drug policy implementation and tackle the challenges it faces, we can learn from successful approaches used in other jurisdictions. These approaches have been proven to reduce the harm and deaths caused by drug use and improve the health outcomes of people who use substances. By studying and adopting the best practices from these evidence-informed models, Hamilton can improve its own strategies and interventions to help residents and fight against the toxic supply of opioids.

To make a real difference and overcome the obstacles to effective drug policy, it's important to have focused and coordinated efforts across different sectors. This means working together with government agencies, healthcare providers, law enforcement, social service organizations, community groups, and individuals who have firsthand experience with drug use. By aligning funding, sharing resources, and coordinating strategies, Hamilton can create a comprehensive and integrated approach that addresses many of the different aspects of drug policy implementation.

Process / Roles

Board of Health

In light of the persistently high rates of morbidity and mortality associated with opioid use within the Hamilton community, City Council has taken action by declaring three States of Emergency in March 2023. This emergency declaration specifically pertains to the intersecting issues of homelessness, mental health challenges, and substance use. Hamilton Public Health Services has also been tasked with formulating a comprehensive and evidence-informed harm reduction plan.

Hamilton Public Health Services (PHS)

PHS is dedicated to ensuring the well-being of its residents and fostering healthy communities. Recognizing the impact of mental health and addictions in the community, PHS has identified the opioid crisis as one of its departmental priorities for 2023. In line with this commitment, PHS provides secretariat support to the HDS, a collaborative effort that aims to address substance-related issues comprehensively.

In February 2023, the Hamilton Drug Strategy Steering Committee also approved the development of an updated opioid action plan as one of its strategic goals in 2023. In March 2023, PHS hired the services of MASS LBP to facilitate the process and ensure meaningful engagement from stakeholders and community members.

Hamilton Drug Strategy (HDS) Steering Committee

The HDS Steering Committee is a multi-sectoral group designed to provide strategic direction for partnerships and actions related to drug policy and interventions. Since its inception in 2018, the HDS has worked to implement interventions using an evidence-based comprehensive approach to address the impact of substance use in the community. This includes utilizing a four-pillar approach of prevention, harm reduction, social justice/justice and treatment. The committee was tasked with leading the development of a Hamilton Opioid Action Plan and ensuring it meets the needs of the community.

Members of the Steering Committee contributed to the development of the plan by:

- Learning about and contributing to the evidence base, best practices and strategies employed by other jurisdictions to mitigate the risks experienced by people who use substances.

- Contributing their perspective and expertise with respect to different elements of the Hamilton Opioid Action Plan.
- Reviewing the proposed actions that will be included in each version of the Hamilton Opioid Action Plan.

Members were also asked to recommend stakeholders or community members who should be involved in the process and who could help to consult with their communities, especially people who use substances, and other stakeholders.

Who we spoke to

PHS contracted MASS LBP to conduct the public consultation and facilitate several working meetings with the HDS Steering Committee. The consultation consisted of stakeholder interviews, focus groups with people with lived experience as identified by consulted organizations, and a survey on proposed actions.

Members of the steering committee were invited to participate in one-on-one or group interviews with the facilitation team. Participants were also encouraged to refer colleagues, individuals with lived experience, and other relevant stakeholders to the facilitation team to be consulted.

The facilitation team hosted three two-hour meetings. During each meeting, members of the Steering Committee were invited to provide feedback and direction on the elements of the plan. As well, each member was offered the opportunity to lead an element of the plan relevant to their sector. For a list of those consulted, please see **Appendix A**.

Hamilton Opioid Action Plan

The goals of the plan:

1. Reduce the number of deaths associated with opioid use
2. Reduce the harms associated with opioid use
3. Increase access to a spectrum of treatment options

These will be accomplished by:

1. Providing a mix of short- and long-term actions
2. Ensuring actions are tangible and achievable
3. Improving data collection and evaluation
4. Enhancing collaboration

Action Plan Overview

A. Immediate Actions (0-6 months)

1. Establish an Opioid Action Table
2. Scale-up Supervised Consumption Sites across Hamilton
3. Develop Safer Use Policies in hospitals and care settings
4. Increase the availability of drug-checking services and resources
5. Engage and support primary care providers

B. Medium-Term Actions (6 Months)

6. Clarify service pathways and options for individuals who use substances, care providers, and first responders
7. Develop and implement new youth prevention programs
8. Expand supports available to families
9. Increase access and support to shelters and drop-ins

C. Long-Term Actions (12 months)

10. Increase the number of physicians able to prescribe opioid agonist therapy and safer supply programs
11. Expand the availability of stabilization services
12. Increase access to rapid detox and residential treatment programs
13. Develop additional supervised consumption sites throughout Hamilton

Detailed Actions

A. Immediate Actions (0-6 months)

1. Establish an Opioid Action Table

Proposed Lead: PHS

- The Opioid Action Table will be accountable for implementation of assigned action items and will be led by persons with lived experience, health and social service leaders and other key partners appointed by the HDS Steering Committee.
- The Opioid Action Table will create action-oriented task groups consisting of representatives from relevant organizations and identified community members to further plan and implement action items.
- The Opioid Action Table will report back to the HDS Steering Committee every six months on its progress.
- The Opioid Action Table will ensure the implementation of measures to support other actors in the sector:
 - Support the development of culturally appropriate services and strategies based on Indigenous Ways of Knowing.
 - Maintain an up-to-date service map.
 - Strengthen data collection and reporting mechanisms.
 - Develop a sectoral accountability framework.

2. Scale-up Supervised Consumption Sites across Hamilton

Proposed Lead: PHS

- Add Supervised Consumption Sites, prioritizing
 - Men’s shelters

- Mobile sites

3. Develop Safe Use Policies in hospitals and care settings

Proposed Leads: St. Joseph's Healthcare, Hamilton Health Sciences

- Support the development of an on-site Safe Use policy.

4. Increase the availability of drug checking services and resources

Proposed Lead: PHS

- Secure an expanded drug checking program to support harm reduction practices and local surveillance

5. Engage and support primary care providers

Proposed Lead: Greater Hamilton Health Network (GHHN)

Engage primary care providers through a mentorship network where they are paired with an addictions specialist to learn more about harm reduction, safer supply, service pathways, and other information to improve the quality of treatment.

- Incorporate peer support and front-line harm reduction workers into the mentorship program to build relationships, support experiential learning, and break down the stigma against PWUS.

B. Medium-Term Actions (6 Months)

6. Clarify service pathways and options for individuals who use substances, care providers, and first responders

Proposed Lead: Opioid Action Table

- Develop accessible resources for first responders to be able to link PWUS to services.
- Ensure hospital staff, first responders and other relevant actors are aware of available service pathways to direct individuals who use substances to further treatment /support services.
- Ensure that individuals who use substances and their support networks are aware of available service pathways.

7. Develop and implement new youth prevention programs

Proposed Leads: City of Hamilton, Community Safety and Well-Being plan, Hamilton Youth Strategy

- Develop and support additional youth-oriented prevention programs supported by people with lived experience.
- Ensure reach to younger ages (8-12) with evidence-informed and age-appropriate prevention strategies.

8. Expand supports available to families

Proposed Lead: Opioid Action Table

Expand existing supports available to families of those who use substances, particularly the children of PWUS.

- Establish additional services to support the loss and grief of loved ones affected by opioid-related deaths.
 - Create a dedicated, single referral number for families impacted by opioid-related deaths and harms.
 - Provide dedicated resources to families on how to support their loved ones who use substances.
- Develop intentional supportive housing pathways for pregnant women who use substances.
- Promote the development of de-stigmatizing practices to health and social service agencies that serve families.

9. Increase access and support to shelters and drop-ins

Proposed Leads: City of Hamilton – Housing Services, Shelter partners

- Create additional daytime abstinence-positive spaces and programs for those choosing to remain sober.
- Increase funding to shelters and expand the existing drop-in services available in Hamilton.

C. Long-Term Actions (12 months)

10. Increase the number of physicians able to prescribe opioid agonist therapy (OAT) and safer supply programs

Proposed Leads: GHHN, Primary care sector

- Increase the number of physicians able to prescribe OAT and safer supply programs with sufficient training and support.
- In partnership with relevant stakeholders, collaboratively advocate to municipal, provincial, and federal governments for more safer supply initiatives.
- Support existing safer supply programs.

11. Expand the availability of stabilization services

Proposed Leads: St. Joseph’s Healthcare, Hamilton Health Sciences

- Expand the availability of rapid stabilization for PWUS with high risk (of death) in hospital.
- Extend the capacity and operating hours of existing rapid access addiction medicine (RAAM) clinics.
- Develop youth-specific RAAM clinic pathways and spaces.

12. Increase access to rapid detox and residential treatment programs

Proposed Lead: Wayside House of Hamilton, Womankind Addiction Service, St. Joseph’s Hospital

- Expand the availability of rapid detox programs and residential treatment programs.
- Work to reduce long wait times to access both rapid detox and residential treatment programs.
- Ensure detox programs are equipped with the resources to support clients or have the means to refer clients to resources to bridge the transition to residential treatment programs and afterward.

13. Develop additional Supervised Consumption Sites throughout Hamilton

Proposed Lead: Opioid Action Table

- Investigate the long-term expansion of Supervised Consumption Sites through partnerships with hospitals, shelters, and other community organizations in Hamilton.
- Collaborate and support organizations with existing Supervised Consumption Sites to expand their capacity and service offerings.

Appendix A

Organizations that participated in interviews and focus groups:

Steering Committee

- Dr. Elizabeth Richardson, Medical Officer of Health
- Melissa McCallum, GHHN Mental Health and Addictions
- Robin Lennox, Co-Chair GHHN Harm Reduction and Safer Supply Working group, Co-Head of Service of Inpatient Substance Use Service
- Regan Anderson, Wayside House of Hamilton
- Medora Uppal, YWCA Hamilton
- Kristyn Bruce, Wesley
- Sue Phipps, Canadian Mental Health Association
- Michelle Baird, City of Hamilton – Housing Services
- Ron Keenan, Community Member
- Deb Bedini, Hamilton Health Sciences
- Tammy Kerwin, Community Member
- Terry Ramirez, City of Hamilton - PHS
- Chukky Ibe + Sarah Lowe, City of Hamilton - Mayor’s Office
- Paul Hamilton, Hamilton Police Service
- Russell Crocker, Hamilton Paramedic Service
- Dave Thompson, Hamilton Paramedic Service
- Tim McClemon, The AIDS Network
- Cheryl Williams, St. Joseph’s Healthcare Hamilton
- Greg Croft, Mission Services of Hamilton
- Jo-Ann Mattina, De dwa da dehs nye>s Aboriginal Health Centre (DAHC)

Community Stakeholders

- Staff/Peers + Clients, Wayside House

- Indigenous Community Members, DAHC
- Staff, Grenfell Ministries
- Olivia Mancini, Canadian Drug Policy Coalition (CDPC)
- Harm Reduction Working Group, CDPC
- Rudi Wallace, Hamilton Community Foundation
- Nicholas Boyce, CDPC
- Koubra Haggard, Hamilton Centre for Civic Inclusion
- Cathy Risdon + Primary Care Leadership Team
- Staff, St. Joseph’s Healthcare
- Social Navigator Team, Hamilton Police Service
- Marcie McIlveen, Keeping Six
- Katherine Kalinowski, Good Shepherd Centres James Moulton, Salvation Army