



INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 3, 2024
SUBJECT/REPORT NO:	Suspect Drug-Related Deaths and Opioid-Related Paramedic Calls (January-March 2024) (BOH24016) (City Wide)
WARD(S) AFFECTED:	City Wide
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COUNCIL DIRECTION

This report is in follow-up to direction provided via a motion at the February 13, 2023, Board of Health Meeting:

“That City staff be directed to provide quarterly reports on overdoses tracked by [Emergency Medical Systems] and all deaths related to toxic drugs to the Board of Health beginning in Q2 2023.”

INFORMATION

Hamilton continues to experience a significant public health burden related to the ongoing toxic and unpredictable drug supply. This report provides an overview of the opioid-related impacts in Hamilton based on data available up to March 31, 2024. In Hamilton, early indicators such as opioid-related paramedic calls and suspect drug-related deaths decreased in the first quarter of 2024, following trends observed in the fourth quarter of 2023. Indicators which have more lag, such as emergency department visits, hospitalizations, and opioid-related deaths, also decreased in the fourth quarter of 2023. Compared to 2022, the counts of opioid-related paramedic calls, emergency department visits, and hospitalizations were higher in 2023, while the numbers of opioid-related and suspect drug-related deaths were lower (Appendix “A” to Public Health Committee Report BOH24016, Figure 1). One drug alert was issued on February 8, 2024, in response to a short-term increase in Emergency Medical System calls for

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suspect drug poisoning and reports of several substances of concern circulating locally. From January to March 2024, community reports highlighted the increasing potency of the drug supply and ongoing concerns regarding the presence of tranquilizers in the unregulated opioid supply. Further analysis of the local data is described below.

Opioid-Related Paramedic Calls

The significant drop in opioid-related paramedic calls observed from October to December 2023 persisted in the first quarter of 2024 (January to March 2024) (Appendix “A” to Public Health Committee Report BOH24016, Figure 1). There were 163 opioid-related paramedic calls in Hamilton from January to March 2024, representing the lowest number of calls in a three-month period since 2020. Between January and March 2024, paramedic calls were concentrated geographically, with 50% originating in Ward Two and 26% occurring in Ward Three.

Emergency Department Visits and Hospitalizations

Data describing counts of opioid-related emergency department visits and hospitalizations at Hamilton hospitals are available up to December 31, 2023. Opioid-related emergency department visits and hospitalizations are those where opioids are confirmed as either the main or contributing cause.

The number of opioid-related emergency department visits in Hamilton hospitals historically mirrors trends observed for opioid-related paramedic calls. Emergency department visits increased throughout the first three quarters of 2023 before decreasing in October to December 2023.¹ From January to March 2023 there were 202 visits, 219 from April to June 2023, 248 from July to September 2023, and 204 from October to December 2023.

Opioid-related hospitalizations also decreased slightly in the final quarter of 2023 with 25 between January to March 2023, 35 from April to June 2023, 47 from July to September 2023, and 38 from October to December 2023. There were 145 hospitalizations in 2023, which is more than in 2022 (n=109), but less than in 2021 (n=166).

Suspect Drug-Related Deaths and Opioid-Related Deaths

Suspect drug-related deaths are deaths in which the preliminary Coroner investigation indicates drug involvement. These data are preliminary and subject to change. While not all suspect drug-related deaths are opioid-related, the demographic distribution of suspect drug-related deaths is similar to the distribution of opioid-related deaths.

¹ Hamilton Health Sciences, Integrated Decision Support: National Ambulatory Care Reporting System. Opioid-related emergency department visits and hospitalizations. Received March 18, 2024.

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Between January and March 2024 there were 37 suspect drug-related deaths². There were fewer suspect drug-related deaths in Hamilton in January to March of 2024 than in the same time period in 2023 (n=54) or 2022 (n=66). Of the 209 suspect deaths in 2023, so far 146 of them have subsequently been confirmed or probable opioid-related deaths (up to December 31, 2023) (Appendix “A” to Public Health Committee Report BOH24016, Figure 2). The number of confirmed or probable opioid-related deaths from January to December 2023 ranged from 33 to 39 deaths per quarter, which was lower than the average in 2022 of 42 deaths per quarter.

In the past twelve months (April 2023 to March 2024), most suspect drug-related deaths occurred among males (74%) and among those aged 30 to 59 years of age (73%). The proportions of deaths among males aged 30-39 years, 40-49 years, and 50-59 years (20.4%, 16.5%, and 18.8%, respectively) were substantially higher than the proportions occurring among other age and sex groups (Appendix “A” to Public Health Committee Report BOH24016, Figure 3). The age and sex distribution of suspect drug-related deaths has not changed substantially in recent years and is comparable to the distribution of suspect drug-related deaths across Ontario.

From April 2023 to March 2024, 66% of suspect drug-related deaths in Hamilton occurred in a private residence. In Hamilton, other common incident locations included the outdoors (17%) and congregate living (10%). Compared to Ontario, Hamilton continues to exhibit a pattern of a higher proportion of deaths occurring outdoors.

Substances Involved in Opioid-Related Deaths

Toxicology reports from confirmed accidental opioid-related deaths occurring from January 2022 to September 2023 find that, in Hamilton, 88% of all opioid-related deaths involved more than one substance (median is three substances).³ Fentanyl was identified in 86% of opioid-related deaths, stimulants (cocaine or methamphetamine) in 76% of opioid-related deaths, benzodiazepines in 41% of opioid-related deaths, and xylazine in 4% of opioid-related deaths.

In the most recent six-month period (April 2023 to September 2023), there was an increase in the detection of oxycodone (11% of deaths), morphine (11%), and cocaine (59%) as compared to previous time periods. Fluorofentanyl (32% of deaths), bromazolam (44%), and hydromorphone (13%) also continue to be identified at elevated rates compared to 2022. The number of deaths involving frequently identified substances is provided in Appendix “A” to Public Health Committee Report BOH24016, Figure 4. Note that these data are incomplete, as only confirmed (not probable) opioid-related deaths are included in this analysis. Data are preliminary and subject to change.

² Office of the Chief Coroner, Ontario. Office of the Chief Coroner Weekly Update: Suspect drug related deaths. Received April 11, 2024.

³ Office of the Chief Coroner, Ontario. Office of the Chief Coroner Toxicology data for opioid toxicity deaths 2023 Q3. Received February 9, 2024.

Community Reports & Alerts

Public Health Services shares a weekly Opioid Situation Report to healthcare providers, social service staff, and community members through the established early warning email system. The information received from members and external partners between January and March 2024 is reported below.

Within this quarter, one alert was issued by Public Health Services on February 8, 2024. This alert informed the community of an increase in Emergency Medical System calls for suspect drug poisoning within a one-week period. Several drugs (presumed fentanyl) circulating locally with varying descriptions were associated with drug poisonings at this time. Additionally, some of these substances were associated unusual drug poisoning presentations, with individuals “dropping quickly and seizing”.

There has also been ongoing concern regarding “tranq-dope” (fentanyl/ opioid combined with a tranquilizer) circulating locally, including in encampments. Opioids combined with tranquilizers like xylazine produce a higher risk for drug poisoning. By mid-February 2024, two different Ontario regions had reported a novel tranquilizer detected in the unregulated opioid supply. Medetomidine is a potent veterinary tranquilizer that has been detected in the Toronto and Kitchener opioid supplies over the last few months.

Within this period, there have also been several community reports of drug poisonings requiring multiple doses (two-three) of naloxone to respond.

Overall, this quarterly report continues to highlight the burden of the unpredictable and toxic drug supply in Hamilton, and the impact on the health of the community. Continued work to address the harms associated with the unregulated drug supply is ongoing through the Hamilton Opioid Action Plan.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH24016

Supporting figures for the Jan – Apr
2024 Update on Opioid and Substance-
Related harms.