Hamilton

INFORMATION REPORT

TO:	Chair and Members Public Health Sub-Committee
COMMITTEE DATE:	December 2, 2024
SUBJECT/REPORT NO:	Hamilton Opioid Information System Semi-Annual Update (December 2024) (BOH24026) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Grace Thaxton Patterson (365) 324-3202 Rachel Goodland (905) 546-2424 Ext. 4149
SUBMITTED BY: **SIGNATURE:**	Julie Prieto Director, Epidemiology & Wellness Division Public Health Services

COUNCIL DIRECTION

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

> **Advancing a Whole-Community Harm Reduction Framework (Item 11.1)**
> (a) 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 beginning in Q2 2023.

This direction was amended at the June 12, 2024 Council Meeting:

> **Advancing a Whole-Community Harm Reduction Framework (Item 11.1)**
> That Item 4 of the Board of Health Report 23-002, respecting Advancing a Whole Community Harm Reduction Framework, be amended, to read as follows:
> (a) That City staff be directed to provide Semi Annual reports on opioid-related harms and all deaths related to toxic drugs to the Board of Health beginning in Q4 2024.

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 September 30, 2024.

While indicators of opioid-related harms and deaths often trend in similar directions, there are also times when no clear pattern is identified across all indicators. The relationships between indicators can be influenced by differences in what each indicator measures, how data are collected, inherent variability in the data, and changes in patterns of opioid-related harms and healthcare use. In Hamilton, for instance, opioid-related paramedic calls increased in the third quarter of 2024 after three quarters of consistently low counts of calls. Conversely, suspect drug-related deaths decreased in the third quarter of 2024, reaching the lowest quarterly count since 2019. Indicators which have more lag, including emergency department visits, hospitalizations, and opioid-related deaths, remained within typical ranges (see Appendix "A" to Report BOH24026, Figure 1). Two drug alerts were issued between April 2024 and September 2024. Within this period, local reports highlighted the presence of potent opioids in the drug supply, along with unexpected adverse reactions following the use of both unregulated opioids and stimulants. Further analysis of the local data is described below.

Opioid-Related Paramedic Calls

Opioid-related paramedic calls were trending with lower counts between October 2023 and June 2024 however, this trend did not continue into the third quarter of 2024 (July 2024 to September 2024) (see Appendix "A" to Report BOH24026, Figure 1).[1] There were 260 calls from July 2024 to September 2024, compared to a range of 163 to 173 calls during each of the previous three quarters. Between July 2024 and September 2024, paramedic calls were concentrated geographically, with 49% originating in Ward 2 and 31% in Ward 3. This distribution is generally consistent with trends from previous quarters in 2024.

Emergency Department Visits and Hospitalizations

Data describing counts of opioid-related emergency department visits and hospitalizations at Hamilton hospitals are available up to June 30, 2024. 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 however, this

[1] Hamilton Paramedic Services. Opioid-Related Emergency Medical Services Calls. Extracted from First Watch Database October 8, 2024.

association is less apparent in recent quarters. While the quarterly number of opioid-related emergency department visits has trended down since the third quarter of 2023, the decrease has not been to the same extent as observed for opioid-related paramedic calls (see Appendix "A" to Report BOH24026, Figure 1).[2] From October 2023 to June 2024, there has been an average of 207 emergency department visits per quarter, with the fewest calls in that period occurring from April 2024 to June 2024 (n=194).

Opioid-related hospitalizations remained stable in the first quarter of 2024 and decreased slightly in the second quarter. The 38 hospitalizations reported from January 2024 to March 2024 and the 25 hospitalizations reported from April 2024 to June 2024 are within the quarterly range reported in 2023.

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.

There were 141 suspect drug-related deaths in 2024 through September 2024, fewer than for the same period in the previous three years. Close to half of those deaths (n=64) occurred between April 2024 and June 2024 and 34 deaths between July 2024 and September 2024.[3] The 34 deaths in the third quarter of 2024 were the fewest deaths in a quarter since the fourth quarter of 2019. So far, 72 of the 141 suspect drug-related deaths have subsequently been labelled as confirmed or probable opioid-related deaths (up to June 30, 2024) (see Appendix "A" to report BOH24026, Figure 2).[4] There were 30 confirmed or probable opioid-related deaths from January 2024 to March 2024 and 42 from April 2024 to June 2024.

In the past eighteen months (April 2023 to September 2024), most suspect drug-related deaths occurred among males (73%) and among those aged 30 to 59 years old (70%). One in five deaths occurred among males aged 30-39 years old (Appendix "A" to Report BOH24026, 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.

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[2] Hamilton Health Sciences, Integrated Decision Support: National Ambulatory Care Reporting System. Opioid-related emergency department visits and hospitalizations. Received August 29, 2024.

[3] Office of the Chief Coroner, Ontario. Office of the Chief Coroner Weekly Update: Suspect drug related deaths. Received October 3, 2024.

[4] Office of the Chief Coroner, Ontario. Office of the Chief Coroner Monthly Update: Suspect drug opioid related deaths September 2024. Received October 11, 2024.

Over the same period, 68% of suspect drug-related deaths in Hamilton occurred in a private dwelling. In Hamilton, other common incident locations included the outdoors (16%) and congregate living (9%). Compared to Ontario, Hamilton continues to experience a higher proportion of deaths occurring outdoors and in congregate living settings.

Substances Involved in Opioid-Related Deaths

Toxicology reports from confirmed accidental opioid-related deaths occurring over the last two years (April 2022 to March 2024) find that, in Hamilton, more than one substance was identified in toxicology reports from 95% of all opioid-related deaths (median 4 substances).[5] The percentage of reports identifying more than one substance has increased over time, as has the median number of substances identified. Fentanyl was identified in 87% of opioid-related deaths, stimulants (cocaine or methamphetamine) in 79% of opioid-related deaths, benzodiazepines in 41% of opioid-related deaths, and xylazine in 5% of opioid-related deaths.

In the most recent six-month period (October 2023 to March 2024), an increase was observed in the percentage of deaths involving butyrl-methyl fentanyl (16% from October 2023 to March 2024 compared to 0% from April 2023 to September 2023). There were also two deaths involving carfentanil in the first quarter of 2024, a substance that was only identified once in 2023. The number of deaths involving frequently identified substances is provided in Appendix “A” to Report BOH24026, 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.

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 April 2024 and September 2024 is reported below.

Within this period, two community drug alerts were issued by Public Health Services. Drug alerts are an urgent communication sent widely to local partners to provide timely information regarding the unregulated drug supply and drug poisonings in the community.

On April 8, 2024, Public Health Services released an alert regarding possible counterfeit oxycontin pills circulating locally. A supply of oxycontin pills seized by local police were found to contain a benzimidazole (nitazene), a potent non-fentanyl synthetic opioid. Another alert was circulated on May 31, 2024, due to an increase in suspect drug-

[5] Office of the Chief Coroner, Ontario. Office of the Chief Coroner Toxicology data for opioid toxicity deaths 2024 Q1. Received August 2, 2024.

related deaths, Emergency Medical System calls, and Emergency Room visits the week prior. Local agencies reported concerning observations regarding long "blackout" periods following drug use, and opioid-like drug poisonings following the use of stimulants.

Generally, police and drug checking services in Ontario have highlighted concerns regarding the presence of nitazenes in unregulated drugs in Hamilton and other communities. Nitazenes are opioids that can be several times more potent than fentanyl and are often found in combination with fentanyl, fentanyl analogues and other depressants (e.g., benzodiazepines), which can create a higher risk for drug poisoning.

Throughout September 2024, there were several local reports of unexpected and concerning adverse reactions to drugs. Public Health Services received information regarding a reported increase in seizure-like reactions following drug use. This was observed in local encampments following the use of both stimulants (e.g., meth, cocaine) and opioids. Additionally, community members reported unexpected and significant psychosis following the use of both fentanyl and crystal meth at this time.

Overall, this 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 BOH24026:	Hamilton Opioid Information System Semi-Annual Update Supporting Figures (December 2024)