



Hamilton Board of Health

Report for Consideration

To: Chair and Members
Hamilton Board of Health

Date: April 27, 2026

Report No: BOH26015

Subject/Title: Evaluation of Hamilton Opioid Action Plan Initiatives
(Outstanding Business List Item)

Ward(s) Affected: (City Wide)

Recommendations

- a) That the Secretary of the Board of Health **BE DIRECTED** to distribute a copy of this report to Council for their information.

Key Facts

- The purpose of this report is to share evaluation results from three Council-funded Hamilton Opioid Action Plan initiatives with the Board of Health;
- Evaluation results demonstrated that the Embedded Harm Reduction Pilot enhanced and expanded harm reduction services, principles, and practices within and across three men's emergency shelters;
- The YWCA Hamilton's Safer Use Space reduced the risks of accidental overdoses and provided basic health services and connections to social services,

healthcare, and treatment for women and gender-diverse individuals who use substances;

- Partial implementation of a local drug checking and surveillance system pilot has increased awareness of the local drug supply among people who use drugs and service providers; and,
- Full implementation of the drug checking and surveillance system pilot, including point-of-care drug testing, has been delayed due to changing legislation, limitations of available technology, available funding constraints, and finding an appropriate location for this service.

Financial Considerations

Not Applicable.

Background

At its meeting on June 12, 2023 the Public Health Committee provided the following direction, further amended by Council at its meeting on April 10, 2024:

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 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 \$667,000 be used to balance the current needs of our community by supporting an existing safe consumption site, bringing new harm reduction support to men's emergency shelters, and providing peer support to unhoused people who use substances, including those living in encampments, by initiating the following initiatives over the 2024-2025 budget years:
- (i) By authorizing and directing the General Manager of Healthy and Safe Communities to implement an agreement in a form satisfactory to Legal Services for 12 months of bridge funding with the Young Women's Christian Association (YWCA) Hamilton for the Safer Use Space at a maximum cost of \$300,000;
 - (ii) By authorizing the General Manager of Healthy and Safe Communities Services to implement a 12-month pilot for Embedded Harm Reduction in Men's Emergency Shelters at a cost of \$300,000; and,
 - (iii) By authorizing the General Manager of Healthy and Safe Communities to fund Peer Support to support unhoused people who use substances, including those living in encampments, through a Call for Applicants at a cost of \$67,000.
- (e) That the cost of \$667,000, as outlined in subsection (d), be funded through the Early Years System Reserve (112218), as approved by the 2024 Tax Operating Budget;
- (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 initiatives outlined in subsection (d); and,
- (g) That Public Health Services report back with an evaluation of the initiatives, including the perspectives of people with lived experience, no later than Q4 of 2025.

This report summarizes evaluations of these initiatives, and the evaluation report is available in Appendix “A” to Report BOH26015.

Analysis

Hamilton Opioid Action Plan Context

In November 2019, Council declared an opioid crisis in Hamilton after increases in opioid-related emergency department visits, deaths, and paramedic calls. During the COVID-19 pandemic, Hamilton continued to experience increases in opioid-related harms, observing a 221% increase in opioid-related deaths between 2016 and 2021. As part of the COVID-19 recovery, substance use remained a priority of Hamilton Public Health as well as the Hamilton Drug Strategy in 2023.

In February 2023, staff were directed by Council to convene local stakeholders, including people with lived and living experience, health, and drug policy experts, to develop an evidence-based harm reduction action plan to address high rates of opioid-related deaths. This plan was to consider how to implement safer use spaces and other evidence-based harm reduction strategies in Hamilton and in the houseless serving sector. In April 2023, Council also directed the Mayor to declare an emergency in the areas of opioids, mental health, and homelessness in Hamilton.

Staff brought this request to the Hamilton Drug Strategy for collaborative action and to develop a local opioid action plan. The Hamilton Opioid Action Plan was approved by the Hamilton Drug Strategy in May 2023 and presented to the Public Health Committee and Council in June 2023. The Hamilton Opioid Action Plan outlined 13 areas of immediate, medium-term, and long-term action. Municipal funds were approved for staffing support as well as implementing some of the actions, including a Drug Checking and Surveillance System Pilot at a cost of \$178,000 and a Supervised Consumption Site Pilot in a men’s shelter at a cost of \$667,000. To oversee the implementation of the Hamilton Opioid Action Plan, a working group under the Hamilton Drug Strategy – the Hamilton Opioid Action Table – was struck.

A Call for Applicants specific to the Supervised Consumption Site Pilot within men's emergency shelters was issued by the Housing Services division in August 2023, and no applications were received. Service providers shared that the call did not offer enough time or capital resources to undertake this pilot. The Good Shepherd Centres Hamilton (hereafter referred to as Good Shepherd), Mission Services of Hamilton Inc. (hereafter referred to as Mission Services), and the Governing Council of The Salvation Army in Canada (hereafter referred to as Salvation Army) subsequently proposed a 12-month harm reduction pilot project. The project would embed harm reduction supports in men's emergency shelters to support clients and build capacity within shelter staff at a cost of \$607,270.

The proposal was shared with the Public Health Committee in January 2024. At that meeting, Public Health Committee and Council directed staff to take the proposal back to the Hamilton Opioid Action Table and the Hamilton Drug Strategy Steering Committee for further consultation and report back at the April 2024 Public Health Committee meeting. The Hamilton Opioid Action Table recommended funding an Embedded Harm Reduction Pilot, supporting the existing YWCA Hamilton Safer Use Space and a Peer Support program for unhoused people who use substances, including those living in encampments. These initiatives were approved by Council at the April 10, 2024 meeting.

Embedded Harm Reduction Pilot Program Summary

The Embedded Harm Reduction Pilot was informed by an existing outcome-based harm reduction program offered by Mission Services, which supported clients with employment, housing, familial reconciliation, treatment, and physical and mental health goals. The funding for the Embedded Harm Reduction Pilot Program was divided between Good Shepherd, Mission Services, and Salvation Army (\$100,000 for each organization) for one year (October 1, 2024, to September 30, 2025). Funding was intended to expand and enhance harm reduction services, principles, and practices by integrating Embedded Harm Reduction Workers into the men's emergency shelter system.

Organizations reported that the program trained shelter staff, built partnerships that connected clients through referrals with health and social service providers, and fostered collaboration across the three men's emergency shelters. For clients, Embedded Harm Reduction Workers supported them with their goals, created new weekly harm reduction drop-in programs at each shelter, expanded existing harm reduction programs, and distributed Naloxone, safe injection, and safe inhalation supplies. Through the program, 176 drop-in groups were facilitated (39 groups at Good Shepherd, 87 groups at Mission Services, and 50 groups at Salvation Army), with each organization reporting working individually with 10 to 25 clients per month on average on their identified goals.

In the pilot evaluation, clients reported that the program helped to build trust, autonomy, and safety. Across two surveys conducted during the funding period by Mission Services (n=73 respondents), 95% of clients agreed that staff were non-judgmental, trustworthy, and met them where they were at. Across 11 interviews with 13 clients, clients shared they are using unused supplies more often and that they feel that staff are more understanding because of the program. Clients also shared that they are more comfortable approaching staff in case of an overdose, and that there have been improvements in how overdoses are responded to. This data highlights how the program contributed to enhanced shelter staff capacity – through both formal training and peer-to-peer learning – related to substance use. As one staff described, the program created “far more cultural change than expected in a short time frame.”

Clients and staff reported many short-term outcomes, including that the funding created new programs, a safer shelter environment and more training for staff. However, longer-term outcomes, such as substantial changes related to housing or substance use, were acknowledged as difficult to achieve in a one-year funding period. Indeed, building rapport with clients was noted as something that takes time, with several staff describing how it can take a year or longer to do so. Mission Services shared that they learned that the program takes time before significant impacts can be observed. As one staff stated, “for something like this to work, we found you really must give it enough time. When working with a population that is often very slow to change, you are not

going to see those things right away.” More information about the program and evaluation results can be found in Appendix “A” to Report BOH26015.

YWCA Hamilton Safer Use Space Program Summary

The \$300,000 in funding allocated to YWCA Hamilton provided operational funding to their Safer Use Space for a one-year period (April 1, 2024 to March 31, 2025). As an Urgent Public Health Needs Site, the intended program outcomes included reducing the risks of accidental overdose, reducing strain on emergency medical services, providing basic health services, increasing access to unused drug use equipment, connecting people to social services, healthcare, and treatment, and providing space for people to connect with staff and peers. The program was evaluated through a review of program data, staff interviews, and a zine, which is a self-published magazine featuring art and text. The zine was created in collaboration with the people who access the space through a series of workshops. A copy of the zine that was created can be found on the YWCA Hamilton website <https://ywcahamilton.org/programs-services/housing-services/low-barrier-health-care>.

In the year of funding provided by the City of Hamilton, the Safer Use Space had 7,117 visits across 500 unique guests (i.e., approximately 20 visits per day). Within these visits, 1,599 visits were for supervised consumption, and 4,395 visits were for harm reduction. Additionally, 45 drug poisonings were reversed in the space. Emergency Medical Services was called six times during the funding period. The Safer Use Space also had 734 visits for wound care, 168 visits for reproductive care, and 186 referrals to healthcare providers during the year of funding. The evaluation results are available in Appendix “A” to Report BOH26015.

Peer Support Program Summary

The \$67,000 in funding meant to provide peer supports to people who use substances, including those living in encampments, could not be used as intended. This funding was to be administered following a Call for Applicants. Before the call for applications could be completed, Hamilton’s Encampment Protocol was rescinded on January 15, 2025, to be effective as of March 6, 2025. The program had not started when this decision was made and did not proceed, and the \$67,000 that was designated for this initiative

remained in the Early Years System Reserve (11218). As such, Hamilton Public Health did not evaluate this initiative.

Drug Checking and Surveillance System Pilot Program Summary

The Drug Checking and Surveillance System Pilot has been partially implemented as originally presented in the Hamilton Opioid Action Plan. Through this funding, capital funds (\$100,000) were approved to purchase a point-of-care testing device(s) that would support surveillance of the circulating drug supply and additional funds were provided to support a Drug Test Strip Kit Pilot, as described further below.

To date, capital funds have not been spent on a point-of-care testing device. In Canada, Fourier-Transform Infrared Spectroscopy (FTIR) is the benchmark point-of-care technology. Although this device can detect multiple substances in a drug sample, it is not as effective at detecting new or novel additives to the drug supply or detecting trace elements (i.e., below 5% of sample). This device also requires ongoing maintenance and specifically trained staff to accurately interpret results. These costs were not included in the one-time capital budget designated for this initiative. Additionally, this type of drug testing device is best used in a community location that is located with other services where individuals would be willing to provide samples for testing.

The advancement of this priority has been impacted by changes to provincial legislation. Point-of-care drug testing requires an exemption to handle and process the sample under the federal *Controlled Drugs and Substances Act*. With the passing of the provincial *Community Care and Recovery Act, 2024*, municipalities or local boards, such as the Board of Health, do not have the power to apply to Health Canada for an exemption to the *Controlled Drugs and Substance Act* for several purposes without the approval of the Minister of Health. While drug checking is not specifically referred to in the *Community Care and Recovery Act, 2024* legislation, the ability to apply for and acquire new exemptions under the *Controlled Drugs and Substances Act* remains unclear. The drug checking landscape continues to evolve, and Hamilton Public Health is exploring further opportunities and expansion of local enhanced drug checking and monitoring in 2026. Toronto's Drug Checking Service is also currently expanding access

to unregulated drug market monitoring throughout the province; Hamilton has been one of the communities engaged in this expansion.

Drug Test Strip Kit Pilot Program Summary

Fentanyl test strip kits and xylazine test strip kits have been distributed by Hamilton Public Health and community partners since May 2024. The start of the Drug Test Strip Kit Pilot coincided with a one-time opportunity through the Ontario Harm Reduction Distribution Program to receive drug test strips free of charge for local distribution. Hamilton Public Health received 4,600 Xylazine and Fentanyl test strips and supporting supplies from the Ontario Harm Reduction Program. In addition, Hamilton Public Health acquired a total of 16,800 fentanyl and 16,800 xylazine test strip kits and supporting testing supplies with the \$78,000 that was funded in 2023 and 2024 for the pilot.

The Drug Test Strip Kit Pilot was evaluated via a survey for people accessing test strip kits and through key informant interviews with service providers and people who use drugs. Between May 2024 and December 2025, 4,524 drug test strip kits were distributed, with nearly even distribution between fentanyl (51%) and xylazine (49%). Among people surveyed, 100% found test strips easy to use. Almost three-quarters of survey respondents (73%) shared test results with other people, most often with friends or people they know (70%). In addition, half of survey respondents (52%) shared that results change how they use drugs, including not using alone (21%), disposing of the drug (15%), and starting with a lower dose (9%). Service providers noted other benefits, including that kits are a good tool for health education and test results can be useful for informing overdose responses. More information about the evaluation is included within Appendix "A" to Report BOH26015.

Based on the evaluation results, an additional order for 5,400 test strips was made in November 2025 through available funds in the Mental Well-Being and Substance Use Program budget to allow for ongoing distribution of testing kits through Hamilton Public Health and community partners. Continued provision of drug test strip kits will be scoped within existing program resources and in line with information about the types of substances circulating from the local community as well as Toronto's Drug Checking Service.

Health Equity Data

Hamilton Public Health uses many sources of evidence, including data, to understand health inequities. Descriptive statistics alone may not fully reflect community health and should be combined with research, lived experience, and organizational perspectives to gain a deeper understanding of health inequities. Data sources used to describe opioid-related harms in Hamilton include the Office of the Chief Coroner, Ministry of Health, Hamilton Paramedic Services, and local hospitals.

Information on opioid-related harms is shared through the Hamilton Opioid Information System Semi-Annual Update, most recently in December 2025 (see Report BOH25029). The next semi-annual update will be in June 2026.

The opioid crisis continues to disproportionately impact equity-deserving populations, including those who are unhoused, Indigenous, and racialized.^{1,2} Indeed, the programs in this report were proposed to help address these impacts, including rates of death being substantially higher among people who are homeless (1,024.9 deaths per 100,000 people) compared to people residing in a private dwelling (16.1 deaths per 100,000 people).

Discussion

Since the initial approval of the Hamilton Opioid Action Plan, there have been changes to the local landscape that have implications on the medium and long-term actions identified in the Hamilton Opioid Action Plan and for continued local programs moving forward.

¹ Alsabbagh W, Cooke M, Elliot S J, Chang F, Shah N-U-L, Ghobrial M. Stepping up to the Canadian opioid crisis: A longitudinal analysis of the correlation between socioeconomic status and population rates of opioid-related mortality, hospitalization, and emergency department visits (2000-2017). *HPCDP Journal* [Internet]. 2022 June. [cited 2025 Jul 28]; 42(6). DOI: 10.24095/hpcdp.42.6.01

² Laballey J, Kastor S, Valleriani J, McNeil R. Reconciliation and Canada's overdose crisis: Responding to the needs of Indigenous Peoples. *CMAJ* [Internet]. 2018 Dec 17 [cited 2025 Jul 28]; 190(50): E1466-E167. DOI: 10.1503/cmaj.181093

From a legislation perspective, the *Community Care and Recovery Act, 2024*, brought broader provincial restrictions to Consumption and Treatment Services sites, which had local implications as the only Consumption and Treatment Services site in Hamilton was required to close in April 2024 due to its proximity to a childcare centre. This legislation also limits the ability of municipalities and local boards to apply for exemptions under the federal *Controlled Drugs and Substances Act* for supervised consumption or decriminalization, and to seek federal funding from Health Canada for safer supply services. It also prevents municipalities and boards from supporting local agencies in applying for these programs and services. In June 2025, the *Protect Ontario Through Safer Streets and Stronger Communities Act* passed, which placed the onus on landlords to take reasonable measures to prevent drug-related activities (e.g., production, trafficking) from taking place on their properties. The *Safer Municipalities Act* was also passed in June 2025, which reinforced law enforcement's ability to address public consumption of substances and increased the penalties for people who "deliberately and continually" trespass. This law also provided specific enforcement tools to move encampments and address public consumption of substances.

Along with legislative changes, the epidemiological context has also evolved over the period of the Hamilton Opioid Action Plan. Opioid-related deaths have decreased locally since peaking in 2021 at 167 confirmed and probable deaths. Annual totals declined to 166 deaths in 2022, 150 deaths in 2023, and 129 deaths in 2024. As of November 30, 2025, there have been 81 confirmed or probable deaths in 2025. The decrease in opioid-related deaths has been observed in communities across Canada, with likely drivers noted as a changing drug supply, an increase in naloxone availability, and reduction in the at-risk population. An additional possible factor includes changes in consumption behaviour (example from injection to inhalation).

Opioid-related paramedic calls and emergency department visits remained relatively stable from 2023 to early 2025 but have seen increases beginning in May 2025. The average number of paramedic calls and emergency department visits are approximately double the 2024 average as of March 2026. Opioid-related hospitalizations have remained relatively stable.

Locally, early warning surveillance highlights that increases to paramedic calls are being driven in part by ongoing changes in the toxic unregulated drug supply. Toronto Drug Checking Services have reported an increased presence of veterinary tranquilizers in the opioid supply since late 2023, with medetomidine being the most present since March 2025. In the same period, the presence of benzodiazepine-related drugs has decreased, although early evidence in Q1 of 2026 suggests they are re-emerging. Two local drug alerts, February 5, 2026 and March 6, 2026, have been issued by Hamilton Public Health in Q1 of 2026. Community reports have identified increasing complexity in overdose response, including challenges related to prolonged sedation. These changes, coupled with other factors, are contributing to more complex overdose events requiring emergency response locally.

Moving forward, continuing to address the burden of substance use requires a comprehensive approach at all levels of government. From an investment perspective, the federal government, as part of the 2024 federal budget, provided funding to local municipalities and Indigenous communities through the Emergency Treatment Fund. The Emergency Treatment Fund was intended to fund programs to support emergency responses to address the ongoing substance use and overdose crises. Provincial investments that accompanied the *Community Care and Recovery Act, 2024* legislation have focused on treatment and abstinence-based programs, such as the Homeless and Addiction Recovery Treatment Hubs (HART) hub. The provincial priorities related to mental health and addiction continue to be guided through the province's Roadmap to Wellness.

Locally, Hamilton Public Health continues to work within its mandate as a Public Health Unit in the support of upstream substance use prevention and provision of harm reduction interventions. This includes harm reduction supply distribution, distribution of naloxone, local surveillance and operation of an Opioid Early Warning System and working with local partners and agencies to support a community-based response to substance use. The City of Hamilton has also been successful in receiving federal Health Canada funding on two Emergency Treatment Fund applications to support new and novel harm reduction outreach and programming. One project, run by the YWCA

Hamilton, supported the closure of existing Consumption and Treatment Services in Hamilton through outreach services and responding to drug poisonings in the community, as well as a focus on addressing gender-specific substance use related harms and connections to care. This project ran from January 1, 2025, to March 31, 2026. The second project is a collaborative project with Hamilton Public Health, Hamilton Paramedic Services, and community partners (Hamilton Social Medicine Response Team, Keeping Six, and Positive Health Network) to support individuals after a drug poisoning event when they are at higher risk of subsequent adverse outcomes through the coordination and dispatch of existing outreach health and social services. This project started in September of 2025 and will continue until the end of November 2026.

Moving forward, while legislation and investment changes have impacted the availability of some community-wide interventions that municipalities are able to implement, Hamilton Public Health will apply the lessons learned from these evaluations and continue to support planning for local initiatives to support collaborative community action on opioids, in addition to provision of mandated programs and services. Collaborative work will continue to be coordinated through established tables, including the Hamilton Drug Strategy and the Greater Hamilton Health Network's Harm Reduction & Treatment Working Group. Local resources, including the Greater Hamilton Health Network's Mobile and Outreach Service Map and Analysis (2024), will help inform planning, service alignment, and identification of gaps in outreach and care.

Consultations

City of Hamilton Housing Services staff were consulted to verify background information and program details.

City of Hamilton Finance and Administration staff were consulted to verify financial information for the funded initiatives.

Staff and leaders from each funded organization were consulted about the evaluation design and invited to participate in the evaluation. In all evaluations included in this

report, interview participants reviewed their transcript and agreed to have it included in the analysis. Organizations have also reviewed key messages shared in this report.

Alternatives

Options Should Board of Health not Wish to Approve Staff Recommendation(s):

Should the Board of Health not wish to approve the Recommendation, Council would not be made aware of the outcomes and evaluation.

Previous Reports Submitted

- [BOH23021](#) – Hamilton Opioid Action Plan
This report describes the Hamilton Opioid Action Plan and directed staff to evaluate funded initiatives.
- [HSC24001/BOH23021\(a\)](#) – Hamilton Opioid Action Plan: Embedded Harm Reduction Pilot
This report introduces the Embedded Harm Reduction Pilot as presented to the Public Health Committee in January 2024.
- [BOH25003](#) – Public Health Services Opioid Update
This report provides an update on the current opioid situation and Hamilton Public Health's response as of February 2025.
- [BOH25029](#) – Hamilton Opioid Information System Semi-Annual Update
This report is the most recent semi-annual update on the Hamilton Opioid Information System, shared with the Board of Health in December 2025.
- [BOH24015](#) – Update on the Hamilton Opioid Action Plan – June 2024
This report provided an update on the progress made towards the Hamilton Opioid Action Plan, including the initiatives described in this report.
- [BOH23008](#) – Opioid Emergency Response
This report includes a summary of the opioid crisis response in Hamilton between 2017 and 2023.

Consultation

- Housing Services, Healthy and Safe Communities Department
- Finance & Administration, Hamilton Public Health

Appendices and Schedules Attached

Appendix “A” to Report BOH25015 – Hamilton Opioid Action Plan Initiatives Evaluation Report

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