

# BOARD OF HEALTH

## MOTION

Board of Health: April 27, 2026

**MOVED BY MEMBER R. JANSSEN.....**

**SECONDED BY MEMBER C. KIRKBY.....**

### **Correspondence Concerning Provincial Actions Relating to the Opioid Crisis**

WHEREAS the average number of monthly opioid-related paramedic responses in Hamilton has more than doubled in the eleven months following the provincially-mandated closure of Hamilton’s consumption and treatment service (CTS) relative to the eleven months prior to the CTS closure (an average of 61 monthly calls between May 2024 – March 2025, increasing to an average of 130 monthly calls between May 2025 – March 2026) – and whereas other municipalities that saw provincially mandated CTS closures are reporting a similar trend;

WHEREAS in 2023 the City of Hamilton declared a crisis for mental health, addictions, and homelessness based in part on key indicators that included loss of life, prevalence and impact, and having met or exceed its municipal mandate – and whereas those same indicators have only worsened in the intervening years;

WHEREAS health and social service partners in Hamilton have, through various Public Health consultation bodies and in other collaborative forums, articulated that the situation respecting the provision of health and social care for people who use opioids is untenable and worsening; specifically with respect to poisonings and deaths, and the vicarious trauma associated with providing care for this population;

WHEREAS the Ministry of Health accepted the Auditor General’s 2024 finding that the Ministry’s most recent Opioid Strategy, published in 2016, is outdated and does not address increased risks and needs, even with the Ministry’s new HART Hubs model;

WHEREAS Public Health Canada’s 2025 report on the decline in opioid-related deaths in Canada articulates that one of the three likely drivers for the reduced number of opioid-related deaths is a ‘declining population at risk,’ specifying that “population declines are in part because many lives were lost over previous years;”

WHEREAS reports from the Association of Municipalities of Ontario and Maytree suggest that Ontario is currently spending half of what is needed to end chronic homelessness, including deeply affordable non-market housing units with wrap-around supports where necessary; and

WHEREAS the current Ontario Public Health Standards implicate Public Health in achieving improved health and quality of life, reduced morbidity and mortality, and reducing health inequalities among population groups.

THEREFORE BE IT RESOLVED:

- (a) That the Board of Health **DIRECT STAFF** to write a letter, to be signed by the Board of Health Chair, to the Premier of Ontario, Minister of Health, Associate Minister of Mental Health and Addictions, and all local Members of Provincial Parliament, that includes:
  - (i) Any Public Health data and analysis to date of the impact of the closure of Hamilton's CTS, including public health data related to the toxicity of the drug supply in Hamilton;
  - (ii) A summary of known solutions to the opioid crisis that are under direct Provincial jurisdiction, including:
    - (1) A clear, current, and accountable Provincial strategy for addressing the current drivers of the opioid crisis;
    - (2) Improved access to the full continuum of care, including evidence-based harm reduction initiatives such as CTS;
    - (3) Increased investment in housing with supports;
    - (4) Improved access to opioid agonist therapy (OAT), including injectable OAT for severe, treatment-refractory opioid use disorder, alongside comprehensive services (i.e. primary care, counselling, etc.); and
    - (5) Enhanced investments in direct service provision for substance use and mental health supports in the healthcare system.
- (b) That staff **BE DIRECTED** to request feedback from the Hamilton Opioid Working Group, who are involved both in direct service provision and in coordinating a local response to the opioid crisis, when drafting the letter.