



Reducing Drug Related Harm & Improving Well-being for Women and Gender Diverse People Impacted by the Overdose Crisis in Hamilton

PROGRAM EVALUATION 2025 - 2026

Financial contribution:



Health
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YWCA
HAMILTON



Hamilton



KEEPING
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1: ABOUT YWCA HAMILTON

Our Mission: YWCA Hamilton provides meaningful, accessible services to create opportunities, amplify voices, and co-create gender inclusive and equitable communities.

Our Focus: Rooted in 136 years of innovation, our work is guided by three pillars—housing, health equity, and economic advancement.

Our Approach: We co-create solutions with our community, responding to emerging needs through collaboration, innovation, and shared leadership.



2: ABOUT THE PROGRAM

Our Goal:

This program was designed to **reduce substance use related harms** and **improve well-being** with and for women and gender diverse people who use opioids and other illicit substances, who are also experiencing homelessness and/or violence.

Our Funder:

This program was funded for one year as an emergency response to the toxic drug crisis in Hamilton, through the **Emergency Treatment Fund** made available by **Health Canada**. The views expressed herein do not necessarily represent the views of Health Canada.

Our Approach:

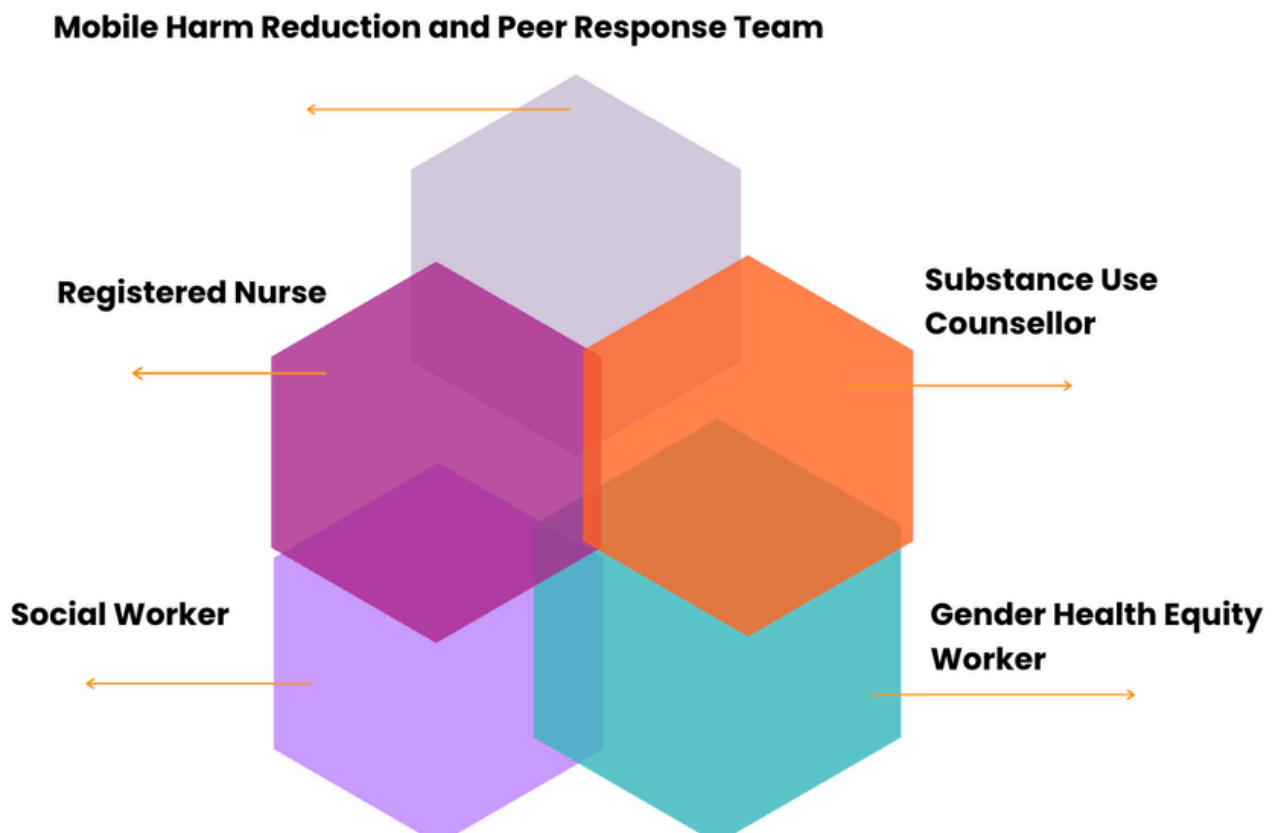
Led by YWCA Hamilton and our partners (Hamilton Social Medicine Response Team and Keeping Six), this project developed and mobilized:

- A gender-specific harm reduction mobile response team
- Programs and services to advance gender health equity
- Specialized substance use counselling supports
- Capacity building initiatives to increase knowledge on the gendered impact of substance use

PROGRAM DESIGN:

Our program was designed to be responsive to gender and to serve those who face significant barriers to accessing substance use support.

- Programming was co-located in a multi-service building with **a low-barrier overnight drop-in program, a safer drug use space, a transitional living program, a pregnancy and postpartum emergency bed program and an emergency shelter** for women and gender-diverse people experiencing homelessness.
- We offer co-located gender-based violence counselling, justice services, on-site health care and outreach services.
- Our integrated gender-responsive wraparound services and outreach program were designed and delivered with trusted community partner organizations.



3: EXECUTIVE SUMMARY

Hamilton, Ontario is disproportionately impacted by the toxic drug crisis in Canada, with overdose responses by paramedics and fatalities being 45% above the provincial average¹.

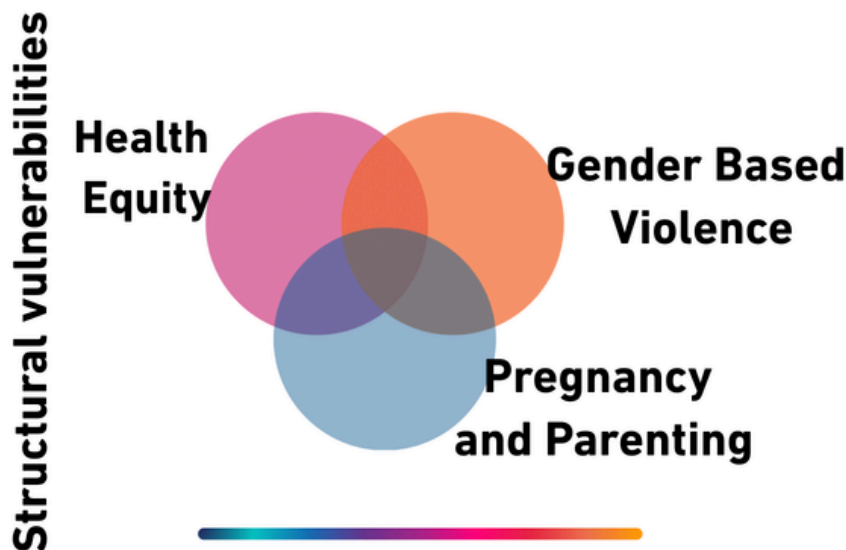
Over the years, **YWCA Hamilton** has witnessed the devastating impacts of substance use on women, and their children. The YWCA Hamilton has demonstrated a long-standing commitment to responding to the drug crisis through a gendered lens, as evidenced by their Safer Drug Use Space (made possible through an Urgent Public Health Needs Site exemption from Health Canada).

From January 2025 – March 2026, YWCA Hamilton developed and operated a gender-specific substance use support program funded by Health Canada (Emergency Treatment Funding).

The program's goals were to:

- Reduce substance use-related harms and fatalities, and;
- Improve well-being amongst women and gender-diverse people using substances, and experiencing homelessness in Hamilton, Ontario.

The purpose of the program was to respond to the gendered impacts of the opioid epidemic, and the structural vulnerabilities experienced by women who used drugs.



SERVICE DELIVERY OUTCOMES:

Over the year (2025–2026), our Substance Use Support Program had a significant impact on reducing substance use related harm and improving well-being for women and gender-diverse people who use substances in Hamilton. We exceeded all of our program targets, demonstrating the tremendous need for gender-specific substance use supports delivered through this model.



ABOUT THE WOMEN WHO ACCESSED SERVICES:

We conducted **a survey with 60 women and gender-diverse people** who accessed the Substance Use Support Services:

- **6 engagement sessions over the course of the year with 10 women at each**
- Each session involved pizza, filling out a health equity survey, and art-making
- Our collage prompt: **What does gender-specific substance use support mean to you?**



71% of respondents had experienced at least one pregnancy in the past, but **less than half** received adequate prenatal care

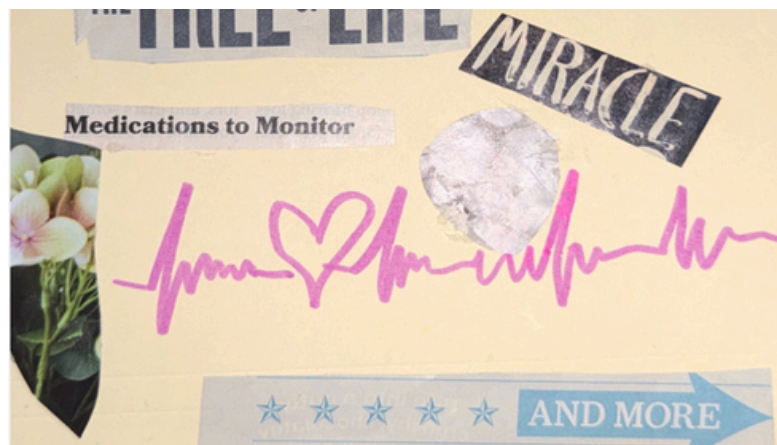
47% of participants have experienced homelessness for 1-5 years, while **29%** experienced homelessness for 5+ years

Transportation, feeling judged or disrespected by health care professionals, and **lack of ID** were cited as the three biggest barriers to accessing health care services

“

"There isn't enough detox or treatment support out there for people to access when they are in a headspace to want it. You end up having to wait forever and sometimes you're dead by the time you get the spot." – Program Participant

”



4: BRINGING A GENDERED LENS TO THE TOXIC DRUG CRISIS

A LOCAL AND NATIONAL PORTRAIT

Across Canada, the drug supply is continually changing and incredibly toxic. The introduction of medetomidine into an already toxic drug supply², coupled with rising costs of living, a gender-based violence endemic³ and the systematic dismantling of critical harm reduction services in Ontario, has created a crisis.

At least 55,302 people have died from apparent opioid toxicity in Canada between January 2016 and September 2025⁴. Furthermore, estimates suggest that for every drug toxicity death, around 15 non-fatal overdoses occur, all of which could result in long-term health impacts such as acquired brain injury and stroke⁶⁻⁷.

In our local context, overdoses responded to by paramedics was the highest on record since Hamilton began collecting this data in February 2026⁸. The funding for this program ended as of March 31st, 2026 and grant applications to continue core services have not been successful.



THROUGH A GENDERED LENS

National data dashboards continue to demonstrate that men are more likely than women to die from a fatal overdose in Canada (72% of all deaths are men), and more likely to present in the emergency room following an opioid overdose (65%)⁵.

Although far less research has been done regarding substance-use related harm for women, we know that the toxic drug crisis is having a gendered impact – and that the impact is lethal.

The median age of death for women experiencing homelessness in Toronto is 36 years old, compared to 50 years old for men experiencing homelessness and 85 years old for housed women⁹.

Gender-Based Violence:

- Women are more likely to experience physical and sexual violence while under the influence of substances, and often use substances in the context of violent relationships¹⁰.
- Women's care-taking responsibilities extend to those on the street – women are more likely to call for help, than to have help called for them¹⁰.

Pregnancy and Parenting:

- Drug poisonings are becoming one of the leading causes of death for pregnant and postpartum women in Ontario, and this risk is exasperated when child welfare organizations apprehend immediately post-birth¹¹.

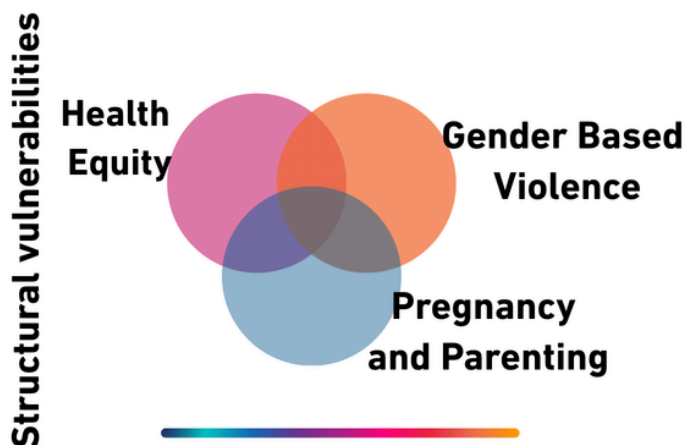
Gender Health Equity:

- Rising rates of HIV, Hep C, syphilis, reproductive health complications amongst women, are signalling significant gendered health inequities¹².
- Fatal overdoses for women more likely to involve non-opioid prescription drugs, such as antidepressants, benzodiazepines, antipsychotics, and antihistamines, which has implications for the design and implementation of overdose prevention programs¹³.

Women use substances differently than men and have different risk factors than men.

Therefore, women require a different set of services to enhance well-being and reduce substance use related harms¹⁴.

Gendered Impacts of the Opioid Epidemic



“I think we get way more judgement than men do... especially when people find out I am a mom.”
–Program Participant”

5: GENDER RESPONSIVE SUBSTANCE USE SUPPORT INTEGRATED SERVICE DELIVERY MODEL

The goal of this project is to **reduce substance use related harms and improve well-being with, and for women and gender diverse people who use opioids and other illicit substances, who are also experiencing homelessness and/or violence.**

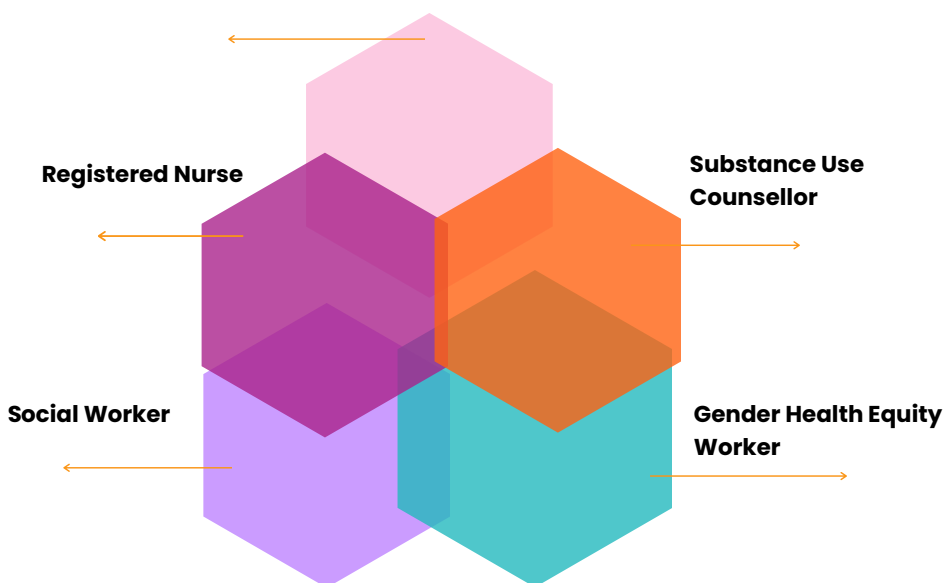
We did this by co-locating robust gender-specific substance use supports into an existing gender-specific emergency housing program and downtown hub and by building capacity amongst community partners to respond to the drug crisis through a gendered lens.

Our program was co-located within an existing continuum of gender-specific housing services – offering **integrated and wraparound support** that **met participants where they were at.**

YWCA Hamilton's: Gender Specific Housing Services



Mobile Harm Reduction and Peer Response Team



This program was operated alongside and in-partnership with other YWCA Hamilton supports including:

- Gender-based Violence Counseling
- Co-located Health Clinics
- Gender-based Justice Services
- Sex Worker Drop-In Space
- Parenting and Perinatal Supports
- Developmental Services
- Immigration and Settlement Services
- Youth Programs
- Health and Wellness Programs

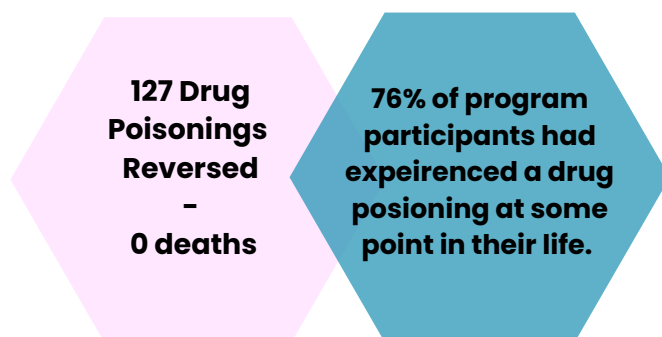
Mobile Response Team: Harm Reduction Workers and Peer Support

To respond to the project's primary goal of reducing substance use-related harm for women and gender-diverse people:

- We **developed a harm reduction and peer support team** to work across programs at YWCA Hamilton and provide support outside of our building and to the community.
- We **responded to drug poisonings outdoors** and provided a safe, welcoming space indoors for women and gender diverse people impacted by substance use to be monitored for safety.
- We **created pathways to care** through connecting women to health, housing and support services.

“I feel safer when I have to be outside knowing the workers are always coming around checking on us. It helps to know you can always get help if you need it, or get questions answered or just have a peer worker to talk to.”

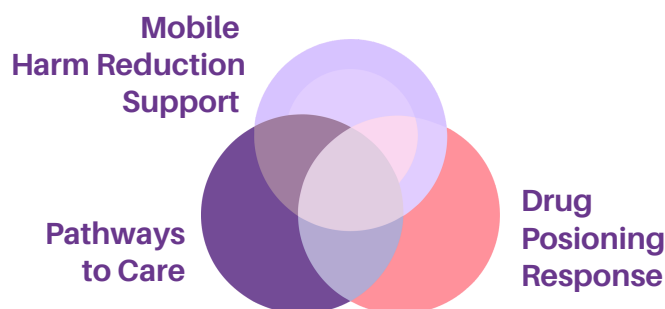
–Program Participant



SERVICE DELIVERY GOALS

- Respond to overdoses and drug poisonings through a community-based overdose framework
- Distribute harm reduction supplies
- Distribute naloxone and train people who use drugs in naloxone
- Ensure the safe disposal of used harm reduction supplies in the neighbourhood and building
- Safety planning with people using substances to limit harms and risks associated with drug use
- Provide safety planning to women experiencing gender based violence
- Facilitate connections to shelters, gender-based violence supports and other health care services

SERVICE DELIVERY APPROACH



“The peer workers here are amazing – you can trust them because they get it. It has been really cool to see them in action. They have saved a lot of people out here – that is for sure.”

– Program Participant

Substance Use Counselling: Registered Nurse

To respond to the project's primary goal of reducing substance use-related harm for women and gender-diverse people:

- We hired a **Health Equity-focused Registered Nurse** for 2 days per week to provide healthcare-focused support to address substance use-related harm and increase overall wellness.
- The intention was to **improve access to health care** for women and gender-diverse people who use drugs.
- Promote health equity through providing **community-based education** to clients and staff of the YWCA Hamilton Housing Department.
- Offer **enhanced on-site clinical support** to medically complex clients across YWCA Hamilton's housing programs.

SERVICE DELIVERY GOALS

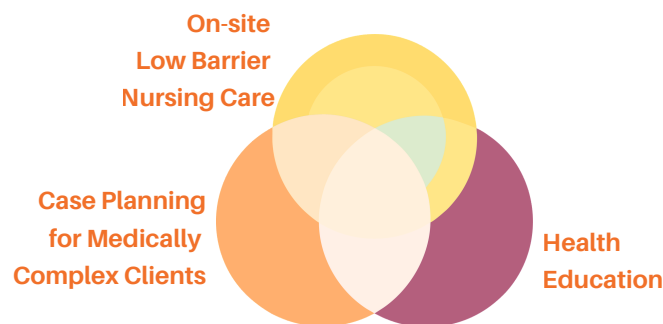
- Improve access to health care through providing low barrier on-site nursing care at YWCA Hamilton.
- Enhance wellness for medically complex clients of YWCA Hamilton's housing services and programs by developing collaborative care plans with the client and support team.
- Increase STI/STBBI testing and treatment, including retention in HIV and syphilis care.
- Increase retention in prenatal and postpartum clinical care.
- Provide wound care and wound care education to clients of YWCA Hamilton.

“ Having the nurse here who is so friendly and doesn't judge is so necessary. I have been seeing her for wound care but we always end up talking and she helps me with all sorts of things. It has been good for me to have the nurse available right here.”
-Program Participant

Wound care
provided
on-site
401 times

93% of program
participants
identify as
having one or
more health
issues

SERVICE DELIVERY APPROACH



“ I came here (emergency shelter) from the hospital. I was really sick. Knowing there was an actual nurse here helped to put me at peace of mind - she checked in on me, and helped me get what I needed.”
-Program Participant

Substance Use Counselling: Social Worker

To respond to the project's primary goal of reducing substance use-related harm and improving well-being for women and gender-diverse people:

- We hired a **Social Worker** to provide recovery-orientated support to address substance use-related harm and increase overall wellness and mental well-being.
- Provide **therapeutic and clinical counselling** focused on reducing the harm associated with substance use.
- Offer **recovery-orientated supports** focused on building pathways to improving overall wellness and well-being.
- Facilitate **access to treatment and detox**.
- Design and deliver **gender-responsive and trauma-informed therapeutic services**.

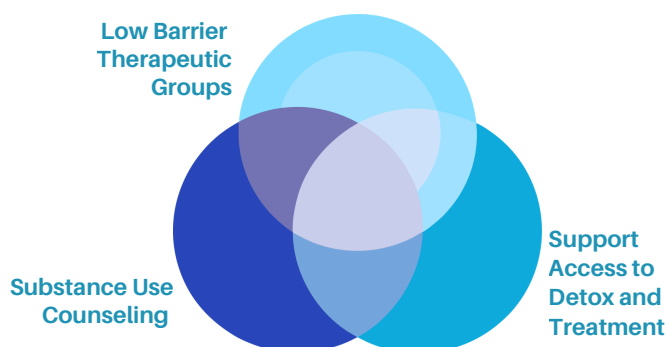
SERVICE DELIVERY GOALS

- Provide individual counselling to women and gender-diverse people who use drugs - with a specific focus on trauma informed and gender-responsive services.
- Develop and host a series of therapeutic groups focused on addressing substance use through a recovery-orientated and harm reduction approach.
- Build connections and pathways into Womankind detox, and other gender-specific detox and treatment centres across Ontario.

“I like the groups they have. It has been good to get together to chat. I think it would be a good idea to bring more programs here where we also learn about addiction stuff. People come and it's less pressure when you know you can just drop-in.”
-Program Participant



SERVICE DELIVERY APPROACH



“(Social Workers Name) helped me to get my stuff together - like replacing my health card, seeing the doctor and making the plans I needed to start thinking about going to treatment.”
-Program Participant

Substance Use Counselling: Addictions Worker (Womankind)

To respond to the project's primary goal of reducing substance use-related harm for women and gender-diverse people:

- We partnered with St. Joseph's Healthcare Womankind to have an on-site Senior Addiction Attendant.
- Provide **recovery-orientated support** to address substance use-related harm and increase overall wellness.
- Facilitate access to substance use **treatment and detox.**
- Support women in developing **relapse prevention and recovery plans.**
- Design and deliver **gender-responsive and trauma-informed therapeutic services.**

“There isn't enough detox or treatment support out there for people to access when they are in a headspace to want it. You end up having to wait forever and sometimes you're dead by the time you get the spot.”

–Program Participant

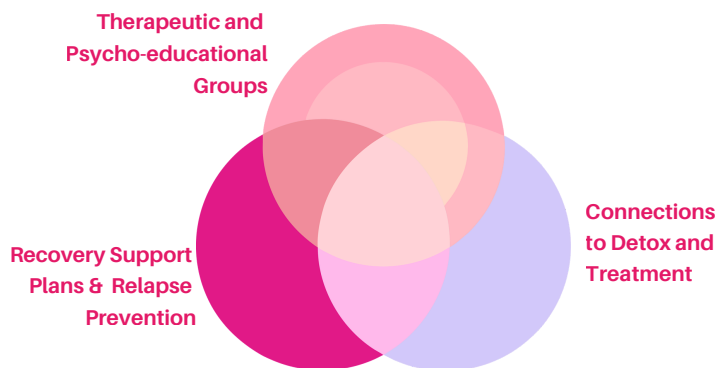
327 relapse and recovery support plans made

Over half of the program participants report experiencing barriers to accessing detox or treatment.

SERVICE DELIVERY GOALS

- Provide individual counselling to women and gender-diverse people who use drugs – with a specific focus on trauma informed and gender-responsive services.
- Develop and host a series of therapeutic groups focused on addressing substance use through a recovery-orientated and harm reduction approach.
- Build connections and pathways into Womankind detox, and other gender-specific detox and treatment centres across Ontario.

SERVICE DELIVERY APPROACH



“The Addiction Counsellor here is persistent – if you miss checking-in with her, she comes and finds you to see how you are. She is persistent in the kind of way that you know she gives a shit.”

–Program Participant

Health Equity:

Health Equity / Reproductive Care Team

To respond to the project's primary goal of reducing substance use-related harm for women and gender-diverse people:

- We hired a **Gender Health Equity Worker** to provide ongoing support across the various programs.
- The intention of this was to **improve gender health equity** for women and gender-diverse people who are impacted by substance use, homelessness, violence, pregnancy and/or trauma.
- The focus was to facilitate **meaningful connections to healthcare and housing**, through coordinating care with a range of clinical service providers available at YWCA Hamilton and other allied healthcare providers and trauma-informed services.

SERVICE DELIVERY GOALS

- Increase the health outcomes of women and gender diverse people who use drugs
- Increase access to STI/STBBI testing and treatment
- Increase access to pregnancy testing, prenatal care
- Increase engagement in health promotion activities as well as activities that improve overall health and wellness from a gendered lens
- Support with developing coordinated care plans that enhance health equity for women and gender diverse people who use drugs by collaborating with clinical services available at YWCA Hamilton

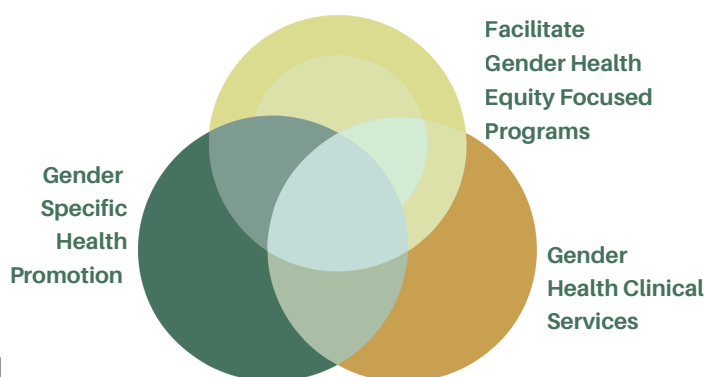
“(Reproductive Health Outreach Workers Name) was there any time I needed her and checked in with me often. I was pregnant with high-risk twins, and it was a very difficult pregnancy. With the support of this program, I was able to carry them and deliver them as premature and they are doing wonderful with the adoptive parents . Happy and healthy.”

– Program Participant

99 participants supported with replacing health-cards and other identification

31 participants accessed urgent reproductive health care on-site at YWCA Hamilton

SERVICE DELIVERY APPROACH



“I can now access what I need because of where I am living but before it was a lot harder because I was couch hopping or finding somewhere outside and it was hard to keep track of appointments.”

–Program Participant

6: WHO THIS PROGRAM SERVED: HIGHLIGHTING THE PARTICIPANTS

We asked all clients for demographic information, and they could choose whether they wanted to provide it. From those who shared, **this is what we learned:**

- The majority of women and gender diverse people who accessed this program were **45 years old and older (64%)**.
- Most of the women and gender diverse people served through this program **identify as having a disability (71%)**.
- Women and gender diverse people served through this program have had **lengthy histories of homelessness, with 29% experiencing homelessness for 5 years or longer**.
- The majority of women and gender diverse people served through this program identified as having a **chronic illness and/or chronic pain (46%)**.
- The most commonly used substances by women and gender-diverse people accessing this program are fentanyl and methamphetamine and the **most common mode of consuming substances is through smoking (41%)**.
- Over half of the women and gender-diverse people served by this program have **experienced at least one drug poisoning (58%)**.
- The majority of women and gender-diverse people who accessed this program had experienced **at least one pregnancy before (76%) - with almost half reporting having inadequate and infrequent prenatal care (48%)**.

This indicates the need for gender-specific substance use programs that:

- Respond to the needs of older women
 - Respond to the intersection of disability, mental health concerns, chronic health issues and chronic pain and gendered substance use
 - Respond to poly-substance use and inhalation during the opioid crisis
 - Respond to pregnant and parenting women and gender-diverse people who use substances and address prenatal care
-

6: WHO THIS PROGRAM SERVED:

HIGHLIGHTING THE PARTICIPANTS

We asked all clients for demographic information, and they could choose whether they wanted to provide it. From those who shared, this is what we learned:

Demographic Information

Age breakdown:

- 18-24 - 2%
- 25-34 - 8.5%
- 35-44 - 25.5%
- 45-54 - 32%
- 55+ 32%
- 29%

Gender identity:

- 92% identified as female (including trans women)
- 5% identified as non-binary
- 3% identified as male (trans men)

Race/ethnicity:

- European/white - 67.5%
- Indigenous - 22%
- Other (Indo-Caribbean, Latin American, South Asian) - 4.5%

Source of Income:

- ODSP - 62%
- OW - 31%
- Pension - 3%
- Other - 3%

Health / Mental Health

Disability:

- Yes - 71%
- No - 29%

Concurrent disorders:

- 77%

Health-related conditions:

- Depression - 47%
- Anxiety - 35%
- PTSD - 28%
- Chronic illness (ex: crohns, diabetes) - 28%
- Chronic pain/physical disability (ex: arthritis, lupus, fibromyalgia) - 18%
- Eating disorder - 13%
- OCD, Bipolar, Borderline, Schizophrenia - 23%

Housing

Length of time experiencing homelessness:

- Less than 6 months - 12%
- 6-12 months - 12%
- 1-5 years - 47%
- 5+ years - 29%

6: WHO THIS PROGRAM SERVED:

HIGHLIGHTING THE PARTICIPANTS

We asked all clients for demographic information, and they could choose whether they wanted to provide it. From those who shared, this is what we learned:

Substance Use History

Substances used most often:

- Fentanyl + methamphetamine - 33%
- Methamphetamine - 25%
- Fentanyl - 22%
- Crack - 4.5%
- Fentanyl + methamphetamine + crack - 4.5%
- Alcohol - 4%
- Cannabis - 3%
- Other - 4%

Experienced barriers to accessing treatment/detox:

- Yes - 51%
- No - 34%
- Unsure - 12%

Main mode of administration:

- Smoking - 41%
- Smoking + Injecting - 24%
- Injecting - 7%
- Snort + smoke - 7%
- Oral - 3%
- Oral + smoking - 3%
- Other - 15%

Drug poisoning history (at least 1):

- Yes - 58%

Pregnancy, Postpartum and Parenting

Number of pregnant clients supported:

64 pregnant clients were supported through our onsite emergency reproductive care program, reproductive care clinic and our partnership with the Program for Pregnancy and Substance Use - Maternity Centre (McMaster Family Practice).

Pregnant in the past:

- Yes - 76%
- No - 24%

Prenatal care histories:

- Good prenatal care - 52%
- Inadequate prenatal care - 48%

Inadequate prenatal care is defined as initiating care after the first trimester (after 13 weeks), receiving no care at all, or attending less than 50% of recommended visits.

STBBI testing, pap, cervical screening in the past year:

- Yes - 61%
- No - 39%

TESTIMONIES FROM PROGRAM PARTICIPANTS

“I’ve lived here for about a year...I talk to the addiction and harm reduction workers when I need someone to tell me the truth.

I’ve used drugs for like 10 years. I’ve tried to go to treatment a few times but you need to wait so long and then I forget about it.

I’ve been working with [*addictions worker*] about a year for my addiction. She’s really good. I’m taking Sublocade now.

I know if I need naloxone or clean using supplies – they have that available. If I want to talk to someone about stopping or slowing down, I can do that too. The staff here do all my counselling...like day to day stuff.

[Addictions worker] helped me gain some coping skills to help with my addiction. She honestly cares. She genuinely cares and that makes you feel better about yourself. She’s persistent in a way that proves she cares. She’ll even come find me for my appointments.

Even with the nurse, you can see her for a wound, but you end up staying for a chat. That is the kind of support that means so much when I am not feeling so good about myself.”

50 years old, 8 years of homelessness

“I have lived at the YWCA Hamilton for the past 7 months. I just had a baby 7 months ago. I was able to see a doctor right at the YWCA, she really helped me – otherwise I am not sure I would have had access to the doctor right?

Like right here, where I lived, I just went downstairs and saw the doctor. It was awesome. Since being here, I was able to get support, like someone to talk to, access to healthcare, I am even getting help with the legal stuff. The peer support workers here are amazing. Her experience – she has been through the same thing that I have. She does groups and is just available to talk to.

Since I have been here, I have made a plan with the addictions counsellor to access detox. The support here is awesome – the addictions worker is supportive. She is right in the building I am able to see her pretty much every day.

She helped me to connect with [NA] meetings and I am going to them. She pretty much is giving me so much encouragement, and so much choice.

She tells me what my options are and helps me to get other support. She is helping me get on Suboxone and move forward.”

30 years old, 10 years of homelessness

7: PROGRAM OUTCOMES

TOTAL PROGRAM PARTICIPANTS

We served **522 unique women and gender-diverse people** throughout the program's duration. All of the women and gender-diverse people served through this program were impacted by homelessness, violence, health inequity, and substance use concerns.

Participant ages ranged from 20 years old to 67 years old.

HARM REDUCTION SUPPORT

We have supported over **250** women and gender-diverse people with regular access to harm reduction supplies, like sterile needles and pipes.

RESPONDING TO DRUG POISONINGS

Our team responded to **127 drug poisonings**. Out of all of these, none resulted in fatalities.

Responding to Drug Poisonings through Mobile Outreach



Our mobile response included:

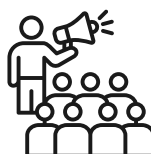
- Naloxone response
- CPR
- EMS Calls

Our team responded to **127 drug poisonings**. There were no fatalities.

75% of drug poisonings occurred outside of our building.

Significantly **fewer drug poisonings (25%) occurred inside our building**. We credit this to changes in use (smoking over injection) and our integrated safer drug use space.

Building Community Awareness



Our team developed **a process for sharing information about drug poisoning trends** with women and gender-diverse people who use drugs to ensure critical information was shared in a timely manner.

We regularly reported trends back to our local public health unit.

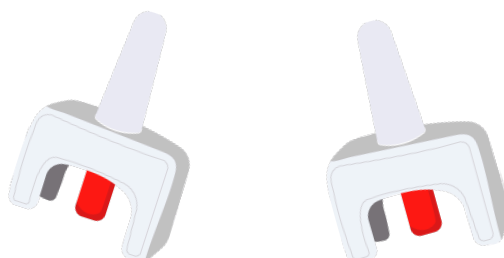
Naloxone Training & Distribution



Our team shared naloxone kits and community-based naloxone training to ensure community members knew how to respond in a drug poisoning.

1,351 naloxone kits were distributed through YWCA Hamilton.

145 staff were trained to respond to drug poisonings using naloxone.



RELAPSE PREVENTION, DETOX AND TREATMENT

The Addictions Counsellor, Social Worker, and Harm Reduction Workers assisted with the creation of **548 relapse prevention and recovery plans**.

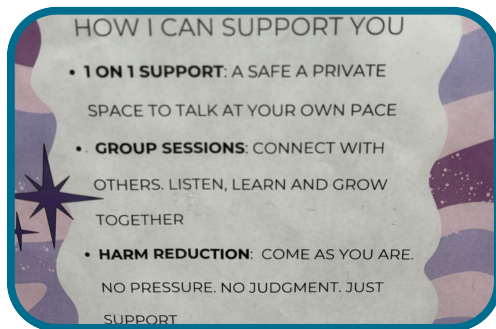
Our team made **97 referrals to detox and treatment services**.

51% of participants faced barriers to accessing detox and treatment services.

INDIVIDUAL COUNSELLING

Our Addictions Counsellor and Social Worker offered low-barrier, gender-specific counselling support for the women and gender-diverse people who accessed our program.

A total of 554 individual counselling sessions took place. These were trauma-informed, brief intervention sessions offering mental health support.



GROUP COUNSELLING

We **facilitated 107 low-barrier drop-in groups and workshops** with women and gender-diverse people who use substances and experience homelessness. On average, **5-8 participants** attended each group.

Group topics included: relapse prevention, self-awareness, self-compassion, mental health and addictions 101, coping mechanisms, conflict resolution, harm reduction kit making, smudging and cultural support, sign making for Take Back the Night, movie nights and discussion.

76% of participants had experienced homelessness for 1 year or longer.

SHELTER AND HOUSING SERVICES

Our team provided **220 referrals** to emergency shelter and housing supports. Our team provided ID recovery support to **99 individuals** throughout the course of the year.



HEALTH CARE SERVICES

This program aimed to improve well-being by facilitating connections to health care services. Our program had co-located health services:

- Onsite nursing care
- Onsite physicians
- Onsite reproductive health care



Our outreach workers made **252 health care referrals**.

Our Nurse provided regular **on-site nursing care services to 53 program participants**.

Almost all of these clients saw her for **more than 2 health-related issues**.

We provided an on-site vaccination clinic where 34 program participants were vaccinated.

28% of participants identify as having a chronic health issue requiring ongoing care.

77% of participants identify as having both mental health concerns and substance use challenges.

GENDER-BASED VIOLENCE SERVICES

Our team conducted risk assessments, engaged in immediate crisis response, and connected clients to YWCA Hamilton's Safety and Support Hub, as well as to GBV counsellors.

Members of the team helped **create 164 safety plans** with clients.

NALOXONE TRAINING & DISTRIBUTION

The YWCA Hamilton **trained 145 front-line staff** and **62 program participants** in naloxone and drug poisoning response.

Over the past year, we have distributed:

- **896 nasal naloxone kits**
- **455 intramuscular (IM) naloxone kits**



8: COMMUNITY CAPACITY BUILDING

WEBINAR: FRONT-LINE STAFF

YWCA Hamilton hosted a training webinar focused on building capacity for a gendered response to the toxic drug crisis including:

- gender and trauma-informed drug positioning response
- changes in the toxic drug supply
- pregnancy and substance use
- our gender responsive program model

Over 65 front-line workers from across Ontario joined the webinar.

“I learned more about the language to use to ensure safety and trauma informed care, the practical tips were all very helpful.”
-Public Health Nurse

“There was lots of helpful information about the toxic drug supply. I learned how gender impacts how we should respond to those in need.”
-Ontario Works Case Manager

LEADERSHIP MEETING

The YWCA Hamilton hosted a meeting bringing together leadership from gender-specific organizations responding to the opioid epidemic.

- **12 non-profit leaders** from across Ontario joined the meeting to discuss coordinated approaches to gender-substance use care.

“Women and gender-diverse people who use drugs are often judged more harshly, particularly if they are pregnant or parenting. This can lead to avoidance of services, fear of child apprehension, and delayed help seeking, hence, directly increasing overdose risk.”
- Sector Leader

WORKSHOP AT PUBLIC HEALTH CONFERENCE



YWCA Hamilton hosted a workshop at the Canadian Public Health Conference in Montreal focused on **Gender Specific Responses to the Opioid Epidemic**.

- This was attended by **over 50 Public Health professionals** from across Canada.

9: LESSONS LEARNED

Our program model provides replicable best practice approaches for designing and delivering integrated gender-responsive substance use support services. This program was designed and delivered with and for, women and gender diverse people who use drugs, and experience homelessness. **Some of our key lessons learned include:**

The Toxic Drug Supply Crisis is Getting Worse: Our program responded to almost double the number of drug poisonings we anticipated responding to – from 70 to 127 – with zero fatalities. This highlights the significant need for this service. As our program funding was winding down (February 2026), Hamilton recorded the highest on-record number of drug poisonings requiring an EMS response (199).

Investing in Gender-Responsive Services is Critical: Our program put gender at the center of the ways substance use is understood and responded to. This was evidenced through our anti-violence programs, pregnancy and parenting supports, gender-health equity focus, and trauma-informed program delivery. This led to a high engagement of women and gender-diverse people accessing substance use support services.

Harm Reduction and Recovery Orientated Care can Co-Exist: We delivered a range of services including mobile harm reduction outreach services, and on-site addictions counselling. Our service delivery model demonstrates the ways harm reduction and recovery-orientated services can operate together in a continuum of gender-responsive care.

10: KEY RECOMENDATIONS

Invest in Co-located and Wraparound Substance Use Support Services: The measurable success of this program stems directly from embedding clinical care within gender-specific housing. This model works. We urge decision-makers to scale it by funding integrated wraparound services as a core component of housing programs, not an afterthought.

Fund Community-Based Responses to the Toxic Drug Supply: Gender-specific housing providers, like YWCA Hamilton, are functioning as frontline responders to a public health emergency without the resources to match that role. Lives are being saved daily through underfunded, unsustainable efforts. We call for dedicated, long-term funding that reflects the critical nature of this work.

Support Gender-Specific Harm Reduction and Recovery Programs: Addressing the toxic drug crisis requires both harm reduction and recovery pathways, not one at the expense of the other. We call for investment in integrated, gender-responsive substance use care that meets people where they are, without forcing a false choice between saving lives now and supporting long-term recovery.

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