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The Regional Municipality of Durham
Information Report

From:	Commissioner & Medical Officer of Health
Report:	#2023-INFO-77
Date:	September 8, 2023

Subject:

Canadian Substance Use Costs and Harms

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the report published by the Canadian Centre on Substance Use and Addiction (CCSA), entitled Canadian Substance Use Costs and Harms (CSUCH), released in March 2023 and revised in July 2023.

2. Background

2.1 CCSA developed the updated CSUCH report as part of the CSUCH project in collaboration with the Canadian Institute for Substance Use and Research.

2.2 The CSUCH report includes the most recent data from 2007 to 2020 on estimates of the overall costs of substance use (SU) in Canada. Costs are broken down by the type of cost and substance, and the jurisdiction.

2.3 CCSA created an interactive data visualization tool which presents costs and harms by various stratifiers to support the CSUCH report.

3. CSUCH Report Highlights

3.1 The CSUCH report describes the overall costs of SU:

a. Over 62 per cent of the total costs of SU in 2020 were due to alcohol and tobacco, followed by opioids and cocaine attributing to 14.4 percent and 8.5 per cent, respectively.

b. The per-person cost of SU increased by 11.8 per cent between 2007 and 2020 and varies by substance. The most significant increase was observed for central nervous system (CNS) stimulants (e.g., amphetamines), opioids, and alcohol.

c. The per-person cost of cannabis increased by 5.2 per cent. In contrast, the per-person cost of tobacco use decreased by almost 20 per cent.

3.2 The CSUCH report describes SU-attributable healthcare costs (e.g., costs associated with in-patient hospitalizations, day surgeries, emergency department visits, etc.):

a. In 2020, healthcare costs amounted to $13.4 billion, which is 27.3 per cent of the total cost of SU. Of these costs, alcohol and tobacco contributed to 87 per cent, followed by opioids cost. Contributing to these costs were SU-attributable hospitalizations, largely due to alcohol and tobacco.

b. Between 2007 and 2020, the per-person cost of SU increased by 10 per cent, which was driven by the increase in cost of CNS stimulants (excluding cocaine), cannabis, alcohol, and opioids.

c. SU-attributable healthcare costs increased between 2007 and 2020, however, per-person costs attributable to tobacco use between 2019 and 2020 decreased by 13.9 per cent, leading to an overall decline in healthcare costs in the first year of the pandemic.

3.3 The CSUCH report describes SU-attributable lost productivity costs (i.e., costs based on the lost value of work due to premature death, long-term and short-term disability):

a. In 2020, lost productivity costs amounted to $22.4 billion. Of these costs, alcohol and tobacco were estimated to amount for about 60 per cent.

b. Almost 74,000 SU-attributable deaths occurred in 2020, of which 24,346 deaths were among individuals younger than 65 years old. This number amounts to 345,091 potential years of productive life lost (PYPLL).

c. Although tobacco and alcohol use led to more deaths compared to opioid use in 2020, opioid use was the leading cause of SU-attributable PYPLL due to the relatively young average age of opioid-attributable deaths.

d. Between 2007 and 2020 the per-person lost productivity costs increased by 16.2 per cent. Of these costs, the largest increase was associated with opioid use, which doubled, and costs associated with other CNS stimulants increased as much as 88.5 per cent.

e. Between 2007 and 2020, the number of deaths attributable to opioid and other CNS stimulant use more than doubled, whereas the per-person lost productivity costs attributable to tobacco use declined by 23.7 per cent.

f. Overall, lost productivity costs declined between 2018 and 2019, however, lost productivity costs rebounded to their highest level ever during the first year of the pandemic.

3.4 The CSUCH report describes SU-attributable criminal justice costs (i.e., costs associated with policing, courts, and correctional services):

a. In 2020, approximately $10 billion was spent on SU-attributable criminal justice costs, of which alcohol use accounted for 39.8 per cent, followed by cocaine use at 24.3 per cent, and opioid use at 11.3 per cent.

b. In 2020, almost half of alcohol-attributable costs were associated with violent crimes, whereas around half of the costs attributable to opioids, cocaine and other CNS stimulants were associated with non-violent crimes.

c. Between 2007 and 2020, criminal justice costs increased by nine per cent, driven by costs related to opioids, cocaine, and other CNS stimulants. Costs related to alcohol remained unchanged and costs related to cannabis decreased by 21.4 per cent.

3.5 The CSUCH report describes SU-attributable other direct costs (e.g., costs associated with research and prevention, fire damage, damage to motor vehicles, social assistance, etc.):

a. In 2020, other direct costs associated with SU contributed to over $3.3 billion, of which alcohol use accounted for 47.3 per cent, followed by tobacco use at 14.2 per cent.

b. Between 2007 and 2020, other direct costs increased by 1.2 per cent.

3.6 The CSUCH report describes the implications of costs and harms by substance.

a. The implications for alcohol, tobacco and cannabis use are as follows:

- Alcohol and tobacco accounted for at least 60 per cent of the total per-person cost of SU and costs associated with alcohol increased by more than 21 per cent, while those associated with tobacco decreased. This is due to a range of public health policies introduced over the past two decades aimed at reducing tobacco use. However, similar policies do not exist or have remained unchanged for alcohol use and as such, alcohol use and sales increased during the pandemic. Therefore, lessons learned from the response to tobacco policies could be applied to alcohol use.

- Cannabis accounted for $2.4 billion of the total cost of SU in 2020 and per-person cannabis use decreased approximately nine per cent between 2018 and 2020, following the legalization of recreational use.

b. The implications for opioid and CNS stimulant use are as follows:

- Opioid use accounted for $7.1 billion in 2020, of which 75 per cent was associated with people dying at a young age. The number of people who died due to opioid use in 2020 was double that of 2007 and attributable costs correlate with the proliferation of fentanyl and a range of harmful substances in the unregulated drug supply. Signs of improvement were observed between 2018 and 2019 and may be due to efforts towards harm reduction, treatment, and awareness. However, pandemic-related disruptions and increased toxicity of the drug supply likely contributed to the large rebound in opioid-attributable costs in 2020. Therefore, it is important to invest in and expand access to a range of services that meet the different needs of people who use opioids.

- Between 2007 and 2020, the per-person costs attributable to other CNS stimulants (excluding cocaine) rose dramatically compared to any substance by 72 per cent. Cocaine-attributable costs fell in 2019 and rose sharply in 2020 with the onset of the pandemic. These rises were likely due to the toxic, unregulated drug supply that became increasingly unpredictable.

4. Relationship to Strategic Plan

4.1 This report aligns with the following strategic goal and priorities in the Durham Region Strategic Plan:

a. Goal 2: Community Vitality

- 2.2 Enhance community safety and well-being.
- 2.3 Influence the social determinants of health to improve outcomes for vulnerable populations.

5. Conclusion

5.1 The findings from the CSUCH report indicate that the health, productivity, and experiences related to SU of people in Canada can be improved through the implementation and expansion of evidence-based policies and programs around prevention and care.

5.2 The CSUCH report provides evidence as a basis for policy and program efforts and a way to measure their success.

5.3 Locally, many Durham Region community agencies, including the Durham Region Health Department (DRHD) are involved in harm reduction activities, including the

needle exchange program, the opioid patch return program, naloxone distribution, and support programs for sex trade workers. Please see the October 2016 Snapshot on Harm Reduction Programming for more information.

5.4 DRHD provides information regarding the risks associated with use of alcohol, opioids, cannabis, tobacco and drugs, including resources for educators, information on overdose prevention, recommendations for reducing usage and community resources and services for individuals looking for help, available at durham.ca.

5.5 DRHD staff works with schools using a comprehensive school health approach to implement school-based prevention efforts, including the development of curriculum support materials, awareness and education strategies, as well as youth engagement activities. Please see report #2023-INFO-74 for an overview of public health services to support school health, including mental health promotion and substance use prevention.

5.6 Local data on alcohol and tobacco use are available on the RRFSS Data Explorer.

5.7 To address the local opioid crisis, the Durham Region Opioid Task Force developed the Durham Region Opioid Response Plan, which has four pillars (i.e., prevention, treatment, harm reduction, and enforcement) and further objectives to address these areas.

5.8 The Durham Region Opioid Information System (DROIS) is an online tool that provides the latest local opioid overdose-related statistics, including Region of Durham Paramedic Services (RDPS) calls.

5.9 DRHD recently released the Cancer Data Tracker which provides information on cancer incidence and mortality for Durham Region and Ontario. The tracker also provides information on prevention, including reducing alcohol consumption.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health