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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2024-INFO-16
Date: March 15, 2024

Subject:

Prescribing Patterns, Substance Use Disorder Diagnoses, and Access to Treatment Prior to Substance-Related Toxicity Deaths in Ontario

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the report entitled: [Prescribing Patterns, Substance Use Disorder Diagnoses, and Access to Treatment Prior to Substance-Related Toxicity Deaths in Ontario](#), released by The Ontario Drug Policy Research Network (ODPRN) and Public Health Ontario (PHO) on March 5, 2024.

2. Background

2.1 The joint report from ODPRN and PHO provides an overview of prior prescribing patterns, substance use disorder diagnoses, and toxicity events among people who died from accidental opioid, benzodiazepine, stimulant and/or alcohol-related toxicities in Ontario using data from the Office of the Chief Coroner of Ontario and ICES from January 1, 2018 to June 30, 2022.

2.2 ODPRN and PHO released an [infographic](#), which summarizes key findings from the report.

3. Report Highlights

3.1 Overall substance-related toxicity deaths are summarized below:

- a. There were 10,024 accidental substance-related toxicity deaths involving opioids (84 per cent), stimulants (61 per cent), alcohol (13 per cent) and benzodiazepines (7.8 per cent).
- b. There was a 72.2 per cent increase in the number of deaths from the first 12 months of the study compared to last 12 months of the study period, and nearly two in three people who died from a substance-related toxicity had a prior substance use disorder diagnosis.
- c. For prior non-fatal substance-related toxicities, nearly one in five were treated in a hospital setting for the following substance-related toxicity in the year before death: involving opioids (17 per cent), stimulants (five per cent), benzodiazepine (two per cent) and alcohol (one per cent).

3.2 Substance-specific findings are summarized below:

- a. For non-pharmaceutical substances involved in death, 99 per cent involved stimulants (e.g., cocaine, methamphetamine), 86 per cent involved opioids (e.g., fentanyl) and 50 per cent involved benzodiazepines (e.g., etizolam, bromazolam).
- b. For polysubstance use contributing to death, 98 per cent involved benzodiazepine, 84 per cent involved alcohol, 80 per cent involved stimulants and 66 per cent involved opioids.
- c. Prior substance use disorder diagnoses are summarized below:
 - For opioid-related toxicity deaths, nearly two in three had a substance use disorder, one in two had an opioid use disorder, and opioid use disorder diagnoses varied significantly across age groups.
 - For stimulant-related toxicity deaths, three in five had a substance use disorder, one in four had a stimulant use disorder, and stimulant use disorder diagnoses varied across age groups.
 - For alcohol-related toxicity deaths, three in five had a substance use disorder, one in two had an alcohol use disorder, and alcohol use disorder diagnoses were similar across age groups.
 - For benzodiazepine-related toxicity deaths, nearly two in three had a substance use disorder and less than one in 20 had a benzodiazepine use disorder.

4. Local Program Initiatives

- 4.1 The Durham Region Health Department (DRHD) partakes in harm reduction activities, including the needle exchange program, the opioid patch return program, naloxone distribution, and support programs for sex trade workers. More

information on harm reduction programming can be found [here](#). Information and resources on safe needle disposal can also be found on [durham.ca](#).

- 4.2 DRHD provides information regarding the risks associated with use of alcohol, opioids and drugs, including information on overdose prevention, recommendations for reducing usage and community resources and services for individuals looking for help, available at [durham.ca](#).
- 4.3 Local health statistics and information on alcohol and drugs can be found on the [Durham Health Stats](#) webpage.
- 4.4 Local data on alcohol use are available on the [RRFSS Data Explorer](#).
- 4.5 To address the local opioid crisis, the Durham Region Opioid Task Force continues to work on implementing the objectives identified in the [Durham Region Opioid Response Plan](#).
- 4.6 The [Durham Region Opioid Information System \(DROIS\)](#) is an online tool that provides the latest opioid overdose-related statistics, including Region of Durham Paramedic Services (RDPS) calls.
- 4.7 The [Youth Data Tracker](#) is an online tool that provides information on health risk behaviours and attitudes of Durham Region students in Grades seven to 12.
- 4.8 Information and trends on:
 - a. Comparison of benzodiazepine overdose emergency department visits in Durham Region and Ontario categorized by age and sex are available [here](#).
 - b. Comparison of early substance use – alcohol (December 2017) in Durham Region and Ontario are available [here](#).
 - c. Comparison of past year alcohol use (December 2017) in Durham Region and Ontario are available [here](#).
 - d. Comparison of percentage of secondary school students reporting substance use before Grade nine (2016-2017) in Durham Region and Ontario are available [here](#).
- 4.9 Individuals and community organizations can use the [Report Drugs Durham Tool](#) to anonymously report a bad or unexpected reaction to drugs.

5. Previous Reports

- 5.1 Report [2020-INFO-114](#) provided an update on the report: [Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic](#).

- 5.2 Report [2021-INFO-60](#) provided an update on the report: [Changing Circumstances Surrounding Opioid-Related Deaths in Ontario During the COVID-19 Pandemic](#).
- 5.3 Report [2022-INFO-10](#) provided an update on the report: [Patterns of Medication and Healthcare Use Among People Who Died of Opioid-Related Toxicity During the COVID-19 Pandemic in Ontario](#).
- 5.4 Report [2022-INFO-67](#) provided an update on the report: [Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry](#).
- 5.5 Report [2023-INFO-60](#) provided an update on the report: [Opioid Toxicity and Access to Treatment among Adolescents and Young Adults in Ontario](#).
- 5.6 Report [2023-INFO-83](#) provided an update on the report: [Characteristics of Substance-Related Toxicity Deaths in Ontario: Stimulant, Opioid, Benzodiazepine, and Alcohol-Related Deaths](#).

6. Relationship to Strategic Plan

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

a. Goal 2: Community Vitality

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

7. Conclusion

- 7.1 The ODPRN and PHO report demonstrates that many individuals interacted with hospital care to treat non-fatal substance-related toxicity events or a substance use disorder. However, recent medical treatment among individuals with substance use disorders is low, identifying missed opportunities.
- 7.2 The findings of the report suggest the need for broad access to harm reduction, health, and social care programs, and for improved coordination of care throughout the healthcare system and other sectors. This will support rapid identification of individuals' health and social needs related to their substance use and a comprehensive approach to the complex needs of polysubstance users.
- 7.3 DRHD continues to: inform residents of the risks of substance use; keep community partners and the public informed about substance use activity; and implement harm reduction initiatives.

Respectfully submitted,

Original signed by

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