

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 3111



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2024-INFO-43
Date: July 5, 2024

Subject:

Opioid-Related Toxicity Deaths Within Ontario Shelters: Circumstances of Death and Prior Medication & Healthcare Use

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the report entitled: [Opioid-Related Toxicity Deaths Within Ontario Shelters: Circumstances of Death and Prior Medication & Healthcare Use](#), released by The Ontario Drug Policy Research Network (ODPRN) and Public Health Ontario (PHO) on June 18, 2024.

2. Background

2.1 The joint report from ODPRN and PHO provides an overview of demographic characteristics, circumstances surrounding death, and types of healthcare encounters prior to opioid-related toxicity deaths within Ontario shelters. Data were compiled from January 1, 2018, to June 30, 2022, which encompasses periods before and during the COVID-19 pandemic.

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

3. Report Key Findings

3.1 Overall, between January 2018 and May 2022, there were 210 accidental opioid-related toxicity deaths within shelters in Ontario.

- 3.2 The number of deaths during the pandemic period was 3.5 times greater than the number of deaths pre-pandemic. Of deaths during the pandemic, 94 per cent involved non-pharmaceutical opioids.
- 3.3 The public health unit regions with the highest rates of opioid-related toxicity deaths were Toronto Public Health, Ottawa Public Health, Hamilton Public Health Services, and Region of Waterloo Public Health.
- 3.4 Demographic characteristics and circumstances surrounding opioid-related toxicity deaths are as follows:
 - a. There was no significant change in the age and sex distribution of deaths during the pandemic period. Across the pre-pandemic and pandemic periods, the highest proportion of deaths involved individuals aged 25 to 44 years. During the pandemic, the median age at death was 38. More than three-quarters of deaths were among males both prior to and during the pandemic.
 - b. Smoking or inhalation of drugs increased during the pandemic, and 51 per cent of deaths involved smoking and/or inhalation (with or without injection), while 13 per cent involved injection alone.
 - c. There was an individual present and in a position to intervene in one in seven deaths during the pandemic. Resuscitation was attempted 82 per cent of the time and naloxone was administered 77 per cent of the time.
- 3.5 Data show that opioid-related toxicity deaths occur despite having interactions with the healthcare system.
- 3.6 About half of deaths occurred among people with an opioid use disorder (OUD) diagnosis, and only one in three of those with OUD received opioid agonist treatment in the month before death.
- 3.7 In the week before death, 44 per cent had a healthcare encounter, one in four visited an emergency department (ED), and one in 12 had an opioid toxicity treated in the ED or hospital.

4. Local Program Data and Initiatives

- 4.1 Locally, the data show that most fatal opioid toxicity events occur in private residences. Between 2018 and 2022, in 74 per cent of accidental opioid-related toxicity deaths in Durham Region residents, the toxicity event occurred in a private residence.
- 4.2 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](#) and information and resources on safe needle disposal can be found on durham.ca.

- 4.3 DRHD provides information regarding the risks associated with 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.
- 4.4 Local health statistics and information on drugs can be found on the [Durham Health Stats](#) webpage.
- 4.5 DRHD provides mental health resources and supports, including information on crises, available at durham.ca.
- 4.6 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](#).
- 4.7 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.
- 4.8 Information and local trends on the following are available on durham.ca:
 - 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 9 (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](#).
- 5.7 Report [2024-INFO-16](#) provided an update on the report: [Prescribing Patterns, Substance Use Disorder Diagnoses, and Access to Treatment Prior to Substance-Related Toxicity Deaths in Ontario](#).

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 While the ODPRN and PHO report demonstrates that people experiencing homelessness or unstable housing are disproportionately affected by the opioid toxicity crisis across Ontario, locally the data show that most fatal opioid toxicity events occur in private residences.
- 7.2 Local program initiatives respond to local trends and are developed in collaboration with community partners.
- 7.3 The report highlights a need to invest in expanded access to harm reduction services, connection to healthcare, social care, and treatment programs, and sufficient staff availability, training, and support in various settings.
- 7.4 The report also highlights the need for a more comprehensive response that addresses upstream factors that impact an individual's social determinants of health, including more accessible permanent and transitional housing solutions, income and employment supports, mental health services, and community-based social supports.

Respectfully submitted,

Original signed by

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