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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2025-INFO-04
Date: January 17, 2025

Subject:

Healthcare utilization and clinical comorbidities among people who died of a substance-related toxicity death in Ontario

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the report entitled [Healthcare Utilization and Clinical Comorbidities among People Who Died of a Substance-Related Toxicity Death in Ontario](#), released by the Ontario Drug Policy Research Network (ODPRN) on January 9, 2025.

2. Background

2.1 ODPRN was formed in 2018 through a partnership between researchers and drug policy decision-makers across Ontario. Its goal is to provide rapid responses to policymakers' needs with timely scientific research.

2.2 Substance-related deaths are a major public health concern due to the rapid escalation of deaths over the past decade, with over 40,000 opioid-related toxicity deaths reported across Canada between January 2016 and March 2024.

2.3 This is the third and final report in ODPRN's series about substance-related toxicity deaths in Ontario. The series adds novel information to the existing body of evidence about patterns of recent healthcare use in Ontario before substance-related toxicity deaths because ODPRN looks at other types of substance use prior to death (i.e., alcohol, benzodiazepine, opioids, and stimulants), while previous research focused solely on one substance (i.e., opioid use) prior to death.

- a. The first [report](#) in the series was published on September 14, 2023. It focused on the characteristics of substance-related toxicity deaths in Ontario for stimulant, opioid, benzodiazepine, and alcohol-related deaths.
- b. The second [report](#) was published on March 5, 2024. It focused on prescribing patterns, substance use disorder diagnoses and access to treatment prior to substance-related toxicity deaths in Ontario.

3. Report Findings

3.1 ODPRN's report provides data about substance-related toxicity deaths and patterns surrounding the deaths between 2018 and 2022 in Ontario.

- a. There were 12,115 accidental substance-related toxicity deaths directly attributed to alcohol, stimulants, benzodiazepines, and/or opioids across Ontario. Among these deaths, approximately 84 per cent involved opioids, 62 per cent involved stimulants, 13 per cent involved alcohol, and nine per cent involved benzodiazepines.
- b. When looking at toxicity deaths and patterns of substance use, specifically whether one or more substance classes were used, 40 per cent of deaths were directly linked to opioids and stimulants in combination. This was followed by deaths involving only opioids, which accounted for almost 28 per cent of deaths. Then stimulants only, which accounted for almost 13 per cent of deaths.
- c. When toxicity death rates were analyzed monthly over the 2018 to 2022 period, by 2022, monthly death rates involving one substance increased by 75 per cent, two substances by 167 per cent, and three or more substances by 186 per cent. These trends highlight the evolving dynamics of toxicity deaths involving multiple substances over time.
- d. ODPRN's demographic analyses showed that:
 - Half (51 per cent) of substance-related toxicity deaths occurred among people aged 25 to 44 years.
 - Most people who died of substance-related toxicity were men (75 per cent), and people who resided in urban areas (almost 90 per cent).
 - Forty-two per cent of people who died of substance-related toxicity were in the lowest income quintile.
- e. Data about recent healthcare encounters showed that:
 - Nearly one-third (about 28 per cent) of people who died of substance toxicity had a healthcare encounter in the seven days prior to death, and

over half (almost 56 per cent) interacted with the healthcare system in the 30 days before death.

- Among the people that died of substance toxicity, the number of people leaving the Emergency Department (ED), before medically advised, one week before their deaths doubled from 2018 to 2022. It is important to note that systemic factors within the healthcare system contribute to people who use substances (PWUS) leaving the hospital before receiving or completing care (e.g., long wait times, experiences of stigma, absence of embedded safe spaces for substance use, and inadequate management of health needs).

f. Data about concurrent health diagnoses found that:

- Most (about 87 per cent) people who died of substance-related toxicity had engaged with the healthcare system for a mental-health related diagnosis in the five years prior to death.
- Some (ten per cent) people who died of a substance-related toxicity had a hepatitis C diagnosis.

4. Local Health Department Program Initiatives

- 4.1 DRHD provides mental health resources and supports, including information on crises, available at durham.ca.
- 4.2 Local health statistics and information on drug use can be found on the [Durham Health Stats](#) webpage.
- 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 Locally, DRHD partakes in harm reduction activities, including the needle syringe 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.
- 4.5 DRHD coordinates the implementation of the [Durham Region Opioid Response Plan](#), in partnership with Durham Region Opioid Task Force members.
- 4.6 Region of Durham Paramedic Services partner with the Social Services Department to operate the Primary Care Outreach Program (PCOP). PCOP has a street outreach team that helps unsheltered people access health and mental health services.

- 4.7 All Durham Region elementary and secondary schools have an assigned public health nurse to deliver health promotion and support comprehensive school health, which could include strategies related to substance use and mental health. Strategies are based on school needs and planned in collaboration with school communities.
- 4.8 Data and local trends related to mental health indicators are available on DRHD's [Health Stats](#) webpage.

5. Previous Reports

- 5.1 Report [2022-INFO-67](#) provided an update on the report: [Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry](#).
- 5.2 Report [2023-INFO-60](#) provided an update on the report: [Opioid Toxicity and Access to Treatment among Adolescents and Young Adults in Ontario](#).
- 5.3 Report [2023-INFO-74](#) provided information on DRHD's school-based health promotion services, including mental health promotion and substance use prevention.
- 5.4 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](#).
- 5.5 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](#).
- 5.6 Report [2024-INFO-43](#) provided an update on the report: [Opioid-Related Toxicity Deaths Within Ontario Shelters: Circumstances of Death and Prior Medication & Healthcare Use](#).
- 5.7 Report [2024-INFO-44](#) provided an update on the report: [The Opioid Crisis: A Municipal Perspective](#), one of two reports released by the Association of Municipalities of Ontario (AMO).
- 5.8 Report [2024-INFO-79](#) provided an update on the report: [A Time for Urgent Action: The 2024 Report of the National Advisory Council on Poverty](#).
- 5.9 Report [2024-INFO-84](#) provided an update on the report: [The State of Mental Health in Canada, 2024](#).

6. Relationship to Strategic Plan

- 6.1 This report aligns with the following strategic goal and priorities in the 2020-2024 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 escalation of opioid-related deaths is tied to multiple factors including the increasing volatility of the toxic unregulated drug supply, ongoing criminalization of substance use, as well as barriers to harm reduction, treatment and supports for PWUS.
- 7.2 ODPRN's report demonstrates evolving circumstances and patterns surrounding substance-related toxicity deaths, which signals a need to update opioid and substance response practices accordingly. For example, the presence of multiple substances complicates overdose response, which has traditionally relied on naloxone administration, which only reverses the effects of opioids.
- 7.3 Despite changing directives, overdose response remains complicated with increasing volatility of the unregulated drug supply and exposure to multiple substances. This introduces challenges to overdose response.
- 7.4 There is a need to increase awareness and move towards a comprehensive approach to overdose training and response that addresses the shifting dynamics of unregulated substances.
- 7.5 The report reveals potential missed opportunities to engage people at risk of substance-related deaths, as the data demonstrates how frequently people who died of a substance-related toxicity had engaged with the healthcare system prior to their death.
- 7.6 The report's findings, showing a high degree of concurrent diagnoses (i.e., mental health and hepatitis C) among people who died of substance-related toxicity, highlights the importance of promoting access to a range of healthcare services. The integration of wraparound services (e.g., housing and income supports, primary care, and mental health services) into treatment and harm reduction programs is important for addressing the co-occurring health and social needs of PWUS.

Respectfully submitted,

Original signed by

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