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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2025-INFO-59
Date: July 11, 2025

Subject:

Opioid- and Stimulant-related Harms in Canada

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on the data release entitled [Opioid- and Stimulant-related Harms in Canada](#), released by the Public Health Agency of Canada (PHAC) on June 25, 2025.

2. Background

- 2.1 PHAC is a public health agency that operates at the federal level. PHAC is responsible for promoting health, preventing and controlling chronic diseases and injuries, preventing and controlling infectious diseases, and preparing for and responding to public health emergencies.
- 2.2 Canada has seen rising numbers of toxic drug poisonings since national surveillance began by PHAC in 2016. This public health crisis is having a tragic impact on people who use substances, their families, and communities across the country, and is shaped by a wide range of factors. Since 2020, several jurisdictions have reported higher rates of toxic drug poisoning.

3. Data Highlights

- 3.1 PHAC's data release provides information about opioid- and stimulant-related toxicity deaths, hospitalizations, emergency department (ED) visits, and Emergency Medical Services (EMS) reported in 2024.

3.2 Data on opioid toxicity deaths showed that:

- a. There were 7,146 apparent opioid toxicity deaths. That is an average of 20 per day. Although this number is 17 per cent lower than the previous year's deaths, having over 7,000 deaths is still high compared to previous years. It is also important to note that this decrease was observed at the national level, but provincial- and territorial- level analyses demonstrate different patterns.
- b. Manitoba, Nova Scotia and Prince Edward Island saw little or no change in the number of opioid toxicity deaths, and the Northwest Territories, Quebec, and Newfoundland and Labrador reported increases in 2024. Additionally, due to colonialization and continued marginalization, many Indigenous communities have also experienced increases in deaths and disproportionate harms, particularly among Indigenous women.
- c. Most deaths:
 - Occurred in British Columbia, Alberta, and Ontario (80 per cent).
 - Occurred among males (71 per cent).
 - Happened in individuals aged 30 to 39 years (28 per cent).
 - Involved fentanyl (74 per cent), opioids that were non-pharmaceutical (84 per cent), and also involved a stimulant (70 per cent).

3.3 Data on opioid-related poisoning hospitalizations showed that:

- a. There were 5,514 opioid-related poisoning hospitalizations, which is an average of 15 per day.
- b. Most poisoning hospitalizations were accidental (71 per cent) and occurred among males (61 per cent), and among people aged 60 years or more (25 per cent).
- c. Of all poisoning hospitalizations, 32 per cent involved fentanyl and its analogues. This percentage has increased by 100 per cent since 2018 when national surveillance began but has stabilized in recent years.

3.4 Data on opioid-related poisoning ED visits showed that:

- a. There were 24,587 ED visits, which is an average of 67 per day and 14 per cent lower than the prior year.
- b. Most poisoning ED visits were accidental (79 per cent) and occurred among males (66 per cent) and among individuals aged 30 to 39 (32 per cent).

- c. Of all poisoning ED visits, 46 per cent involved fentanyl and its analogues. This percentage increased by 130 per cent since 2018 when national surveillance began but has stabilized in recent years.
- 3.5 Data on suspected opioid-related overdoses that EMS responded to showed that:
- a. There were 36,266 EMS responses, which is an average of 99 per day. This number is 15 per cent lower than the year prior.
 - b. Most EMS responses to suspected overdoses occurred in males (71 per cent) and among people aged 30 to 39 years (34 per cent).

4. Local Health Department Program Initiatives

- 4.1 Local health statistics and information on drug use can be found on the [Durham Health Stats](#) webpage.
- 4.2 The [Durham Region Opioid Information System](#) (DROIS) interactive dashboard provides the latest opioid overdose-related statistics. The DROIS webpage has been updated with the [2024 heat map](#) of suspected opioid overdose paramedic services response calls.
- 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 partners 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 [2025-INFO-04](#) provided an update on the report: [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.

6. Relationship to Strategic Plan

- 6.1 This report aligns with/addresses the following Strategic Direction and Pathways in Durham Region's 2025-2035 Strategic Plan:
 - a. Healthy People, Caring Communities
 - H1. Implement preventive strategies to support community health, including food security.
 - H2. Collaborate with partners to respond to complex social issues that improve community safety and well-being, including mental health and addictions.

- H3. Integrate and co-ordinate service delivery for positive life outcomes, including investments in poverty prevention, housing solutions, and homelessness supports.
- H7. Prepare for and respond to local health emergencies in partnership with the community.

7. Conclusion

- 7.1 Understanding what factors impact opioid-related trends in deaths, hospitalizations, ED visits, and EMS responses, as well as understanding regional and demographic dynamics is important to inform relevant and appropriate prevention and intervention strategies. Some provincial and territorial public health partners note that the decrease in deaths may be attributable, at least in part, to a shift towards lower toxicity in the drug supply.
- 7.2 The drug toxicity crisis is complex, and continued coordinated efforts between multi-sectoral partners are key to save lives and improve population health.

Respectfully submitted,

Original signed by

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