

Addressing the drug poisoning crisis in Ontario

Current federal and provincial drug policies have contributed to:

- disturbingly high rates of fatal drug poisonings
- unprecedented demand on Emergency Medical Services (EMS) and Emergency Departments (EDs) that are already working over capacity
- insufficient health care funding to provide appropriate and timely services to people who use substances
- unsustainable demand on municipal budgets facing increasing policing and EMS costs for substance-related calls for service.

What are the costs of continuing with the current approach to drug policy?

Human costs



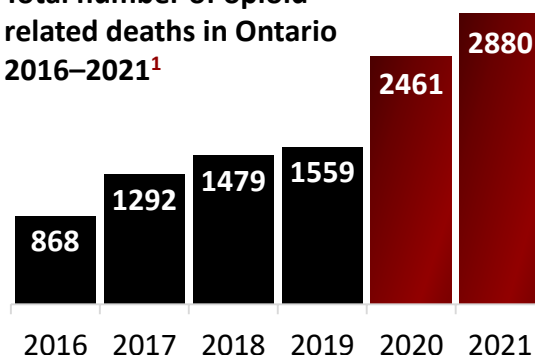
In 2021, an average of

8 people per day died

from opioid overdose in Ontario¹. In Canada, this rate is 21 people per day².

The death toll in Ontario increased by 232% from 2016–2021, with higher rates of death in the North.

Total number of opioid-related deaths in Ontario 2016–2021¹



Societal costs

Costs associated with substance use in Ontario, 2017³

■ Healthcare ■ Lost productivity ■ Criminal justice



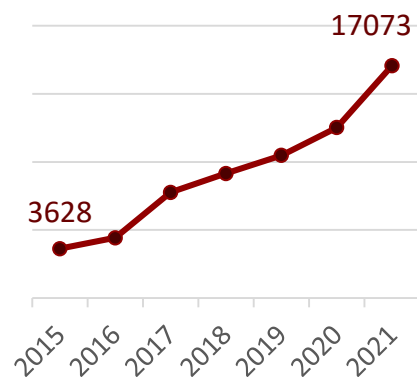
This includes opioids, other Central Nervous System (CNS) depressants, cocaine, other CNS stimulants, and other substances *excluding* alcohol, tobacco, cannabis.

Healthcare costs include inpatient hospitalizations, day surgeries, ED visits, specialized treatment events, physician time and prescription drugs.

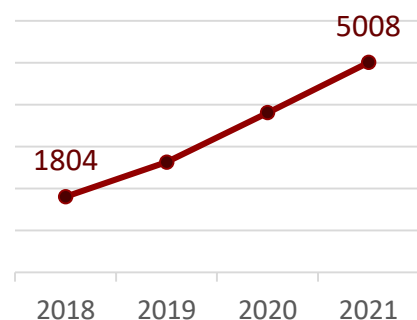
Lost productivity costs include potential years of productive life lost, long-term and short-term disability.

Criminal justice costs include policing, courts and corrections.

Opioid-related ED visits in Ontario¹



Number of EMS responses to suspected opioid-related overdoses in Ontario²



1. Public Health Ontario Interactive Opioid Tool. *Cases of opioid-related morbidity and mortality*. Available: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed December 2022.
 2. Special Advisory Committee on the Epidemic of Opioid Overdoses – Public Health Agency of Canada. 2022. *Opioid- and Stimulant-related Harms in Canada*. Available: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>. Accessed December 2022.
 3. Canadian Substance Use Costs and Harms Project. *CSUCH Visualization Tool*. Available: <https://csuch.ca/explore-the-data/>. Accessed December 2022.

Additional harms resulting from current drug policies



an active unregulated market for illicit drugs which generates profit for criminal organizations



burnout, moral injury and secondary trauma for health and social service providers, further depleting the limited supply of healthcare providers in Ontario



immeasurable loss of human potential and disintegration of family and community, driving an ongoing cycle of grief and trauma

What actions need to be taken to address the drug poisoning crisis ?

Drug policy reform at the federal and provincial levels is a key necessary intervention to end the drug poisoning crisis.



Health Canada's Expert Task Force on Substance Use recommends the development of a single public health framework with specific regulations for all psychoactive substances, including currently illegal drugs as well as alcohol, tobacco and cannabis. This framework should aim to minimize the scale of the illegal market, bring stability and predictability to regulated markets for substances, and provide access to safer substances for those at risk of injury or death from toxic illegal substances.⁵

Until such an umbrella drug policy framework is established, the following activities are suggested to reduce costs and harms:



ensure access to pharmaceutical-grade opioids, obtained within a model of care that includes medical and psychosocial supports, is available for people with opioid dependencies



offer a range of evidence-informed treatment and harm reduction services^{4,5,6} that are responsive to the identified need in each community, including services to reduce drug poisoning fatalities, such as consumption and treatment sites to oversee safe injection and inhalation, and drug checking services



ensure that people who use drugs are meaningfully included and engaged in all decisions on proposed solutions⁶



engage in efforts to eliminate the systemic stigma that discourages people who use drugs from seeking and accessing health services^{4,7}



maximize investments in prevention and early intervention services that provide foundational support for the health, safety and wellbeing of individuals, families and communities⁴ (e.g., housing, basic income, employment, childcare, food security, education, other services designed to address the social determinants of health)

4. Drug Strategy Network of Ontario. 2022. *Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction*. Available: https://www.drugstrategy.ca/uploads/5/3/6/2/53627897/dsno_policy_solutions_final_2022-04-20_v2.pdf. Accessed December 2022.
5. Health Canada Expert Task Force on Substance Use. *Report 2: Recommendations on the federal government's drug policy as articulated in a draft Canadian Drugs and Substances Strategy (CDSS)*. 2021. Available: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html#a7>. Accessed December 2022.
6. Centre for Addiction and Mental Health. 2021. *Statement on the decriminalization of substance use*. Available: <https://www.camh.ca/en/driving-change/influencing-public-policy?query=statement+on+decriminalization> Accessed December 2022.
7. Community Addictions Peer Support Association (CAPSA). *Understanding Substance Use Health: A Matter of Health Equity*. 2021. Available: <https://capsa.ca/wp-content/uploads/2022/10/CAPSA-Substance-Use-Health-EN-1.pdf> Accessed December 2022.