Recent highlights

- Announced finalists of the Drug Checking Technology Challenge
- As part of the Substance Use and Addictions Program 2019 Call for Proposals, selected projects to receive over $32 million in funding to support community-led harm reduction, increase access to "safer supply" treatment models, or offer new approaches to address methamphetamine use

Access to treatment

- Funding pilot projects on injectable opioid agonist treatment
- Improving access to treatment services through an Emergency Treatment Fund that has mobilized over $300M for provinces and territories
- Facilitated opioid agonist treatment by allowing the import of medications approved elsewhere, methadone prescribing and the use of diacetylmorphine and hydromorphone
- Supporting up to an additional 25 community-based opioid agonist treatment sites in First Nations and Inuit communities

Access to harm reduction

- Approved more than 40 supervised consumption sites which have been visited more than 1.9 million times, reversed over 14,500 overdoses without a single death at a site, and made over 59,000 referrals to health and social services
- Supported the Good Samaritan Drug Overdose Act, which provides some legal protection for individuals who seek emergency help during an overdose
- Continued facilitation of access to naloxone, including remote communities and isolated First Nations and Inuit communities

Awareness and prevention

- Expanding public awareness around opioids and the harms of stigma:
  - Know More Campaign awareness tour for teenagers and young adults that has visited nearly 200 sites
  - Distributed more than 1 million wallet cards
  - Videos on opioids, stigma, and responding to an overdose viewed more than 16 million times
- Supported the development of opioid prescribing guidelines and national treatment guidelines for opioid use disorders

Tainted drug supply

- Working with domestic and international partners to reduce the illegal opioid supply
- Supporting education and training for law enforcement
- Equipped border agents with tools to intercept fentanyl and other dangerous substances at the border
  - Seized more than 5kg of fentanyl at the border in 2018-2019
- Opioids were identified 21,725 times in exhibits* submitted by law enforcement and public health officials in 2019

Evidence

- Established a Canadian Pain Task Force to assess best and leading practices that could improve the prevention and management of chronic pain in Canada
- Coordinating national data collection and publishing quarterly reports on apparent opioid related deaths and harms

*Note: an exhibit may contain more than one opioid
**OPIOID RELATED HARMS in Canada**

**Since January 2016** there have been:

- **Apparent opioid-related deaths**, or **11 per day**: 14,705
- **Opioid-related poisoning hospitalizations**, or **14 per day**: 19,490

Western Canada continues to be the most impacted region of the country, but rates have increased in other regions, including Ontario.

**In 2019:**

**Deaths**
- Apparent opioid-related deaths occurred between January and September: 2,913
  - 94% Were accidental
  - 65% Were among young and middle aged adults (20-49 years)
  - 32% Were among older adults (≥ 50 years)
- Among accidental hospitalizations: 3 in 4 were male

**Hospitalizations**
- Opioid-related poisoning hospitalizations occurred between January and September: 3,663
  - 62% Were accidental
  - 49% Were among young and middle aged adults (20-49 years)
  - 46% Were among older adults (≥ 50 years)
- Among accidental hospitalizations: 3 in 5 were male

**Emergency Medical Services (EMS)**
- EMS responses for a suspected opioid overdoses occurred between January and September: >17,000
  - Based on available data from 9 provinces and territories: 3 in 4 were male
  - 76% Were among young and middle aged adults (20-49 years)
  - 21% Were among older adults (≥ 50 years)

Apparent opioid related death data from BC and QC (2018, 2019) includes deaths related to all illicit drugs including, but not limited to, opioids. Rates reported for apparent opioid-related death have not been adjusted for existing differences in provincial and territorial age distributions. Data on opioid-related poisoning hospitalizations were available from the Discharge Abstract Database (DAD), a national administrative database from the Canadian Institute for Health Information (CIHI); data from Quebec were not available at time of analysis. There is currently no national case definition for suspected opioid-related overdoses attended by Emergency Medical Services; each region reports EMS data based on their respective provincial/territorial case definition. New or revised data reported will be reflected in future updates.

*Among deaths with completed investigations from six provinces*