

# Contributions of Stimulants and Varying Modes of Drug Use to Opioid Toxicity Deaths Across Public Health Units in Ontario, Canada

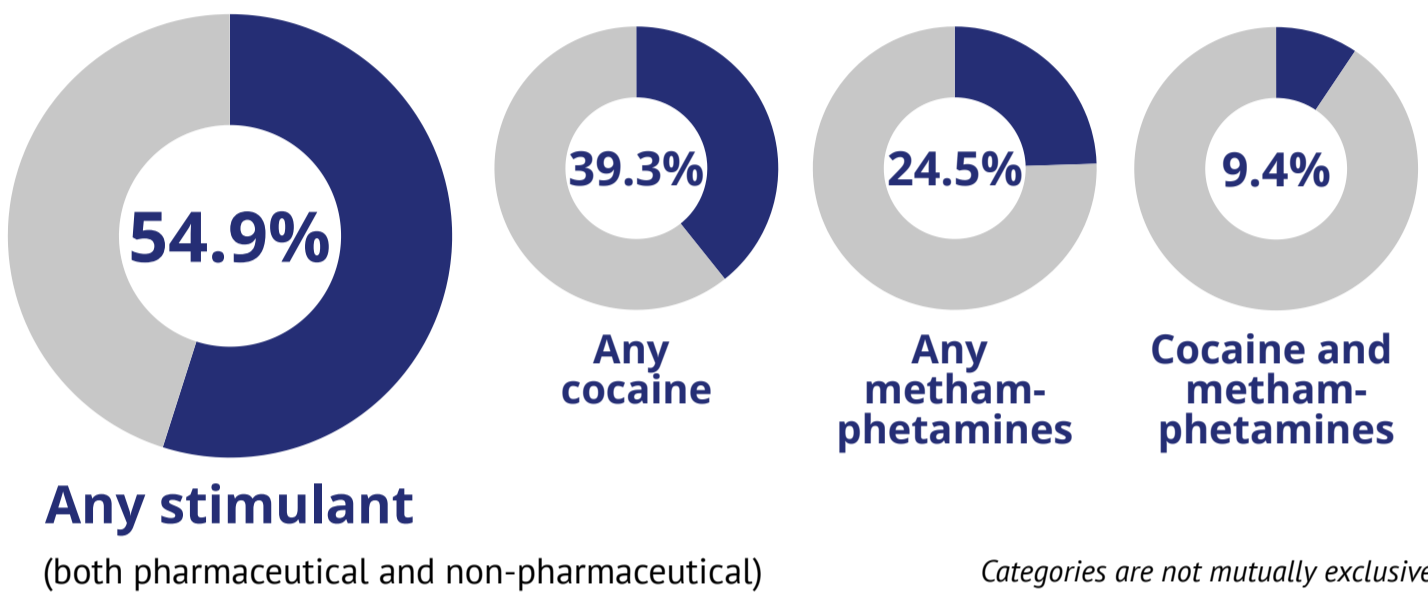
Changing circumstances around opioid toxicity deaths include **what** and **how** drugs are being used.

The involvement of non-pharmaceutical stimulants (e.g. cocaine, methamphetamines) and the inhalation/smoking of drugs (rather than injection) can contribute to differing risks of harms among people who use drugs.



## Timeline: January 2018 to June 2021

### Opioid toxicity deaths where stimulants directly contributed to death:



### Opioid toxicity deaths where cocaine or methamphetamines directly contributed to death:

Although cocaine is the most prevalent non-pharmaceutical stimulant contributing to opioid toxicity deaths in most parts of the province, there are several regions where methamphetamines are the predominant stimulant.



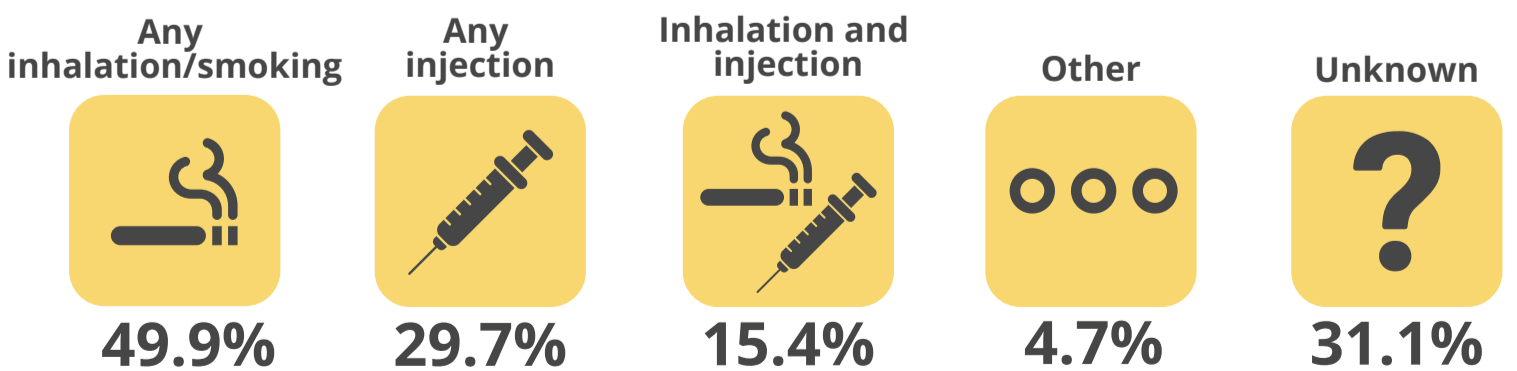
#### Cocaine was much more prevalent than methamphetamines in:

Durham Region Health Department; Halton Region Health Department; Ottawa Public Health; Peel Public Health; Peterborough Public Health; Simcoe Muskoka District Health Unit; Thunder Bay District Health Unit; York Region Public Health; and Toronto Public Health.

#### Methamphetamines were much more prevalent than cocaine in:

Kingston, Frontenac and Lennox and Addington Health Unit; Region of Waterloo Public Health; and Southwestern Health Unit.

### Opioid toxicity deaths involving:



Indications of inhalation/smoking materials have become the most common type of drug consumption materials present at opioid toxicity deaths across Ontario, but injection continues to also be a common route of drug use.