

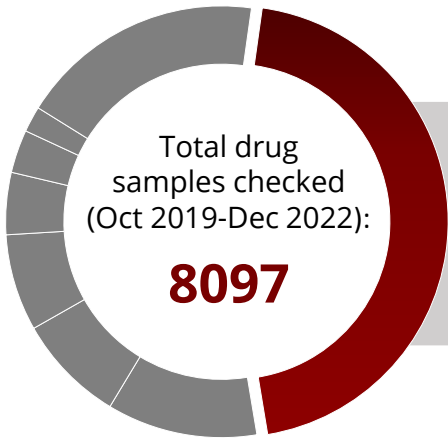
Understanding how the unregulated opioid supply impacts the drug poisoning crisis in Ontario

The unregulated drug market in Canada distributes products of unknown potency. These are often contaminated with unexpected and harmful drugs. Because of this, people who purchase drugs from the unregulated market are at high risk of fatal drug poisoning. The toxicity and unpredictability of the unregulated drug supply is largely responsible for increasing fatal drug poisonings in Ontario to the current rate of eight deaths per day.

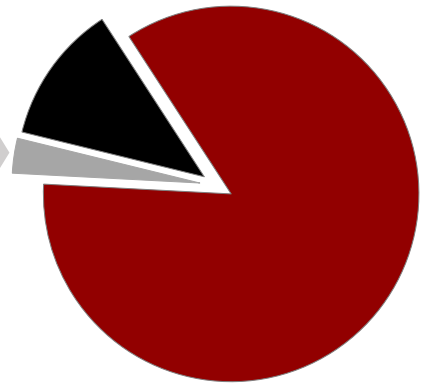
Since 2019, [Toronto’s Drug Checking Service](#) has systematically monitored and analyzed Toronto’s street supply of drugs by way of a free and anonymous public health service. Funded by Health Canada, their results clearly demonstrate that **the opioids people believe they are purchasing are *not* what they are getting**. Below is a snapshot of insights from their data.

What people believed they were purchasing¹

What people actually purchased²



3676 of samples were believed to be fentanyl. Just 3% of those were actually only fentanyl.



- fentanyl (45%)
- MDMA (8%)
- ketamine (5%)
- crack cocaine (2%)
- cocaine (11%)
- methamphetamine (7%)
- benzodiazepine (3%)
- other (19%)

- only fentanyl (3%)
- no fentanyl (12%)
- Fentanyl, other drugs and fillers (85%)

Other drugs found in the samples that were believed to be fentanyl³

1611 samples contained fentanyl-related substances and other high-potency synthetic opioids.

- Ultra-potent synthetic opioids such as nitazene opioids (up to 10 times stronger than fentanyl) and carfentanil (100 times stronger than fentanyl) are consistently being introduced into the unregulated opioid supply.
- Information about the presence and potency of these substances is not available to the consumer.
- Unpredictability in the content and potency of the opioid supply is responsible for many of the fatal drug poisonings that occur.

2019 samples contained benzodiazepine-related drugs and other tranquilizers.

- The risk of experiencing a fatal drug poisoning greatly increases when opioids and other central nervous system or respiratory depressants, like benzodiazepine-related drugs or tranquilizers, are consumed together.
- Naloxone can temporarily reverse an opioid overdose and should always be used to improve breathing in cases of suspected overdose, but naloxone will be less effective when other drugs have been combined with an opioid.

For a more detailed breakdown of individual substances detected, visit [Toronto’s Drug Checking Service](#) website. For information on the substances listed, visit Toronto Drug Checking Service’s Drug Dictionary <https://drugchecking.cdpe.org/drug-dictionary/>

References

1. Toronto’s Drug Checking Service. (2023). Available: <https://drugchecking.cdpe.org/#checked-samples-by-expected-drug> Accessed January 2023.
2. Toronto’s Drug Checking Service. (2023). Available: <https://drugchecking.cdpe.org/#presence-of-the-expected-drug> . Accessed January 2023.
3. Toronto’s Drug Checking Service. (2023). Available: <https://drugchecking.cdpe.org/#other-drugs-found>. Accessed January 2023.

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Drug Strategy Network of Ontario CHOOSING A NEW DIRECTION 

camh

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Implications of the unregulated drug market on the opioid crisis:



Accidental drug poisonings continue at disturbingly high rates. While the unregulated opioid supply continues to be comprised of products of unknown potencies and composition, anyone purchasing these substances is at risk of drug-related injury or overdose.



Crisis services are overburdened. While drug poisonings continue to occur, first responder calls for these events remain at high levels throughout Ontario. This increased demand adds additional stress to already overworked health care and first responder services.



First responders, front-line workers, people who use substances and their communities experience moral distress. Standard procedures to reverse drug poisonings, such as administering naloxone, do not work when unknown substances have been consumed. This can result in fatalities, generating burnout and secondary trauma for those involved.



Low rates of engagement in treatment and health-based services. When the unregulated market is the only source of supply for people who use opioids, engagement with health and social service pathways remain limited or non-existent.

Questions for consideration:

1. How does the toxic drug supply process align with other Public Health Practices?

- Many people who use substances have no choice but to access unregulated drugs. As a result, they risk criminalization and, potentially fatal contamination. How does this align with other consumer protection practices for health-based concerns?

2. Are public resources being effectively used to address the drug poisoning crisis?

- If some of the resources that are currently provided to courts, police and correctional services were redirected to provide appropriate and timely prevention, harm reduction and treatment services, would this redirection of public funds be better able to reduce crime, reduce emergency healthcare use and costs, and prevent fatal drug poisonings?

3. Are stigma and bias preventing a thoughtful approach to ending the drug poisoning crisis?

- What are the fears, concerns, biases and beliefs that underlie our current drug policy? Do they still make sense in 2023, given the knowledge and experience that we now have available?

4. What does our approach to the drug poisoning crisis say about us?

- If you depend on a prescription drug for a health condition, would you accept it if you had to get this drug from an unregulated market, knowing that it is likely to be contaminated and may kill you?