



The Rising Trends of Opioids-Related Deaths in Canada: A Decade-Long Analysis

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Abstract

Over the past decade, opioid-related deaths have surged across Canada, posing a significant public health crisis. This study aims to analyze the trends, risk factors, and socio-demographic impacts of opioid-related fatalities from 2014 to 2024. By utilizing national surveillance data, provincial reports, and peer-reviewed literature, this research examines the underlying drivers of this epidemic, including increased fentanyl contamination, prescription opioid misuse, the COVID-19 pandemic, mental health disorders, and socio-economic disparities. The findings indicate that opioid-related deaths have risen exponentially, with a sharp increase following the introduction of synthetic opioids such as fentanyl into the illicit drug supply. Western provinces, particularly British Columbia and Alberta, have experienced the highest mortality rates, although Eastern provinces have also reported significant increases. Contributing factors include the overprescription of opioids in the early 2010s, inadequate access to addiction treatment services, and the exacerbation of substance use disorders due to the COVID-19 pandemic. Demographic analyses reveal that males aged 20 - 44 represent the most affected group, with Indigenous communities disproportionately impacted due to historical and systemic inequities in healthcare access. Public health responses, including harm reduction strategies such as supervised consumption sites, naloxone distribution programs, government funding, education programs, and opioid agonist therapy, have demonstrated some efficacy in mitigating overdose deaths. However, the continued rise in fatalities suggests an urgent need for enhanced policies focusing on prevention, treatment accessibility, and public education. This study

underscores the necessity of a multifaceted approach combining law enforcement, public health initiatives, and community engagement to curb the opioid crisis. Future research should prioritize real-time data collection, the effectiveness of emerging interventions, and the long-term societal impacts of opioid misuse. Addressing this crisis requires sustained commitment from policy-makers, healthcare professionals, and society at large to prevent further loss of life and alleviate the burden on Canada's healthcare system.

Subject Areas

Health Policy

Keywords

Opioid-Related Deaths, Public Health

1. Introduction

The opioid crisis has emerged as a significant public health concern in Canada over the past decade, with opioid-related deaths reaching alarming levels. According to data from [1], between January 2016 and June 2024, there were 49,105 opioid-related deaths, with the majority occurring in Western Canada (British Columbia and Alberta), the northern territories (Yukon and Northwest Territories), and Ontario. These regions collectively accounted for 84% of accidental opioid toxicity deaths in the first half of 2024.

The crisis disproportionately affects males, who represent 72% of overdose cases, particularly those between the ages of 20 and 44, highlighting a severe impact on individuals in their prime working years. Additionally, there were 187,511 opioid-related emergency department visits during this period, with 60% classified as accidental, underscoring the widespread and often unintentional nature of opioid misuse [2]. First Nations individuals in Canada have been disproportionately affected by the opioid epidemic, experiencing a prevalence rate that is seven times higher than that of the general population. Beyond the direct health consequences, the crisis has exacerbated social and economic challenges, including increased homelessness, rising mental health disorders, and heightened strain on law enforcement and harm reduction services.

[3] highlighted that the opioid crisis in Canada continues to escalate, driven by both illicit and prescription opioid use. The rise in opioid-related deaths appears to be fueled primarily by fentanyl and its analogs. Health Canada's Drug Analysis Service (DAS), considers opioids to be among the most frequently detected illicit substances, often confiscated by border security across the country, underscoring one of the primary illegal entry points of opioids into Canada. Additionally, a study by [4] found that two-thirds of opioids prescribed to emergency department patients remain unused due to inadequate pain management. These unused opioids often make their way into the black market, further contributing to opioid

misuse. [5] also described a major factor behind Canada's high rates of opioid-related overdoses as the dangerous and unpredictable nature of the illegal drug supply. Potent opioid and non-opioid substances continue to be mixed into street drugs, increasing uncertainty about their composition and potency. As a result, individuals using these drugs cannot be certain of what they are consuming unless they have access to reliable drug-checking services.

The economic impact of the opioid crisis has been profound. [6] estimated the revenue loss to exceed \$5 billion, alongside increased healthcare costs, lost productivity, and significant expenditures on criminal justice and social services. These financial burdens have strained both public and private sectors, exacerbating economic challenges for communities already grappling with the human toll of addiction.

To assess the extent of this economic burden, [6] analyzed opioid overdose fatalities, identifying approximately 11,500 cases since 2016. His methodology integrated occupational income data with projected career earnings while accounting for key labor market variables such as injury risks, career transitions, and anticipated retirement at age 65, using Statistics Canada datasets. Through this approach, he estimated the cumulative financial losses attributable to premature opioid-related deaths, highlighting the substantial forfeiture of potential labor productivity.

The rising prevalence of synthetic opioids, such as fentanyl and its analogs, has further intensified the crisis, contributing to higher overdose mortality rates due to their potency and unpredictable composition. These alarming statistics emphasize the urgent need for evidence-based interventions, including harm reduction strategies, improved access to treatment, and policies aimed at curbing the illicit opioid supply. The widespread availability of both prescription and illegal opioids, including fentanyl and its analogs, has played a central role in perpetuating this crisis. This literature review examines the rising trends of opioid-related deaths in Canada from 2014 to 2024, exploring the epidemiological patterns, contributing factors, societal impacts, and policy responses.

2. Trends in Opioid-Related Deaths

The opioid crisis has been exacerbated by the increasing availability of synthetic opioids, particularly fentanyl, which is 50 to 100 times more potent than morphine. Unlike prescription opioids, illicit fentanyl is frequently mixed with other substances, increasing the risk of overdose and fatality. While fentanyl alone is a significant contributor to opioid-related deaths, many drug users combine it with other central nervous system (CNS) stimulants and depressants, such as methamphetamine, and benzodiazepine thereby compounding the risks. The concurrent use of fentanyl with other substances, such as methamphetamine, benzodiazepines, and alcohol, significantly increases the risk of fatal overdose due to its compounded effects on the body. When combined with methamphetamine in a practice known as "speed balling" or "goof balling," fentanyl's sedative effects are tem-

porarily masked, leading users to believe they are more alert while still experiencing the opioid high. However, this combination places extreme stress on the cardiovascular system, heightening the risk of heart failure, stroke, and sudden respiratory collapse once the stimulant effect diminishes. Similarly, mixing fentanyl with benzodiazepines, which also depress the central nervous system, results in profound sedation and suppressed breathing. Since benzodiazepines do not respond to naloxone, reversing an overdose becomes more difficult, making this combination particularly deadly. The danger is further amplified when fentanyl is consumed with alcohol, as both substances exacerbate respiratory depression, increasing the likelihood of users slipping into unconsciousness without recognizing the warning signs. These polysubstance interactions not only accelerate the onset of overdose but also complicate emergency interventions, making fentanyl-related deaths more prevalent and harder to prevent.

This polysubstance use trend presents a major public health challenge, requiring a multifaceted response. Fentanyl's extreme potency means that even small doses can cause fatal respiratory depression. Its availability on the black market has surged in recent years, often in the form of counterfeit pills or as an additive in heroin, cocaine, and other drugs. According to [7] toxicology reports, fentanyl is present in a majority of opioid-related fatalities, often without the user's knowledge. Further supporting this trend, a study by [8] reported that between 2012 and 2022, a total of 157,616 opioid-containing samples were submitted to the Drug Analysis Service (DAS) from Canadian provinces, of which 81,165 (51.5%) tested positive for fentanyl or a fentanyl analog. The proportion of opioid-containing samples containing fentanyl or its analogs increased significantly over this period, rising from 3.0% (95% CI: 2.6 %-3.4%) in 2012 to 68.3% (67.7%-68.9%) in 2022 ($p < 0.001$ for trend). This upward trajectory was observed consistently across all regions [8]. Additionally, [9] noted a shift in opioid-related mortality trends between 2018 and 2021, with accidental apparent opioid toxicity deaths increasing, while the annual incidence of intentional apparent opioid toxicity deaths declined each year.

Opioid-related mortality rates vary significantly across Canadian provinces, with British Columbia, Alberta, and Ontario experiencing the highest fatality rates. British Columbia remains the epicenter of the crisis, having declared a public health emergency in 2016. In 2022 alone, the province recorded 2272 opioid-related deaths, predominantly attributed to fentanyl contamination within the illicit drug supply [10]. Alberta follows closely, with 1630 opioid-related deaths reported in 2022, reflecting the growing prevalence of synthetic opioids and polysubstance use [11]. Ontario also faces a severe crisis, reporting 2880 opioid-related deaths in 2021, with the majority occurring in urban centers such as Toronto and Ottawa [12].

While the opioid crisis remains most pronounced in western and central Canada, Atlantic provinces are also witnessing rising mortality rates. Nova Scotia and New Brunswick recorded 116 and 73 opioid-related deaths, respectively, in 2022

[13]. Similarly, Saskatchewan and Manitoba have experienced increasing fatalities, with 421 and 418 opioid-related deaths, respectively, in 2022, largely driven by fentanyl and methamphetamine use [14].

First Nations communities in Canada have been disproportionately affected by the opioid crisis. In 2021, the opioid-related death rate among First Nations people was approximately seven times higher than that of non-First Nations individuals [15]. In Alberta, First Nations people accounted for 22% of all opioid poisoning deaths in the first half of 2020, despite representing about 6% of the province's population [16]. Similarly, in British Columbia, Indigenous individuals are five times more likely to experience an overdose and three times more likely to die from one compared to non-Indigenous residents [17]. These alarming statistics highlight the urgent need for culturally appropriate interventions and support systems to address the unique challenges faced by First Nations communities in combating opioid-related harms.

Several factors contribute to the escalating opioid crisis in Canada, one of the most significant being the historical overprescription and medical use of opioids. This practice was particularly prevalent in the early 2000s, leading to widespread dependency. Despite efforts to reduce opioid prescription, these measures have not fully mitigated the long-term consequences of past medical use. [18] reported a substantial increase in opioid dispensing in Canada, rising from 10,209 defined daily doses per million population per day between 2001 and 2003 to 20,540 between 2012 and 2014. More recent data from [19] indicates that, as of 2022, 4,694,346 individuals used prescription opioids, with a total of 37,001,481 opioid doses dispensed.

2.1. Mental Health and Opioid-Related Death

Evidence has consistently shown that individuals suffering from various mental health disorders often turn to drug abuse as a way to cope with their symptoms, a phenomenon known as self-medication. This behavior is particularly prevalent among those with mood disorders (such as depression and bipolar disorder), anxiety disorders (including generalized anxiety disorder and PTSD), and psychotic disorders (like schizophrenia). For example, individuals with depression may use stimulants to counteract feelings of lethargy and low energy. At the same time, those with anxiety might abuse sedatives or alcohol to alleviate overwhelming worry or panic. Similarly, people with PTSD may use opioids or other substances to numb emotional pain or traumatic memories.

Research highlights that the temporary relief provided by these substances can create a cycle of dependency, as individuals increasingly rely on drugs to manage their symptoms. However, this self-medication often exacerbates the underlying mental health condition and can lead to the development of substance use disorders (SUDs). Studies have also shown that the neurobiological overlap between mental health disorders and addiction contributes to this dual diagnosis, as both conditions affect similar brain pathways, such as those involving dopamine and

serotonin.

The connection between mental health and opioid-related deaths is a critical and growing concern, reflecting a complex interplay between psychological distress and substance use. Many individuals struggling with mental health conditions are at a higher risk of opioid misuse, often using these substances to cope with untreated or inadequately managed symptoms. This self-medication can lead to opioid use disorder (OUD), increasing the likelihood of overdose and death, particularly with the rise of highly potent synthetic opioids like fentanyl. Conversely, chronic opioid use can worsen mental health, creating a destructive cycle that exacerbates both conditions. In Canada, the opioid crisis has claimed thousands of lives, with mental health comorbidities frequently identified as a contributing factor. Furthermore, individuals with mental health disorders often face barriers to accessing appropriate care, such as stigma, lack of resources, or misdiagnosis, which can drive them toward substance use as an alternative coping mechanism. This underscores the importance of integrated treatment approaches that address both mental health and substance use disorders simultaneously, providing patients with healthier coping strategies and reducing the risk of long-term harm.

A study by [20] established a connection between Mental health and Opioid-related death by reviewing 38 articles, of which 37 showed strong evidence pointing to internalizing disorders, particularly mood disorders. In contrast, moderate evidence supports the connection between anxiety disorders and opioid overdose. Thought disorders, such as schizophrenia and bipolar disorder (BPD), also appear to be associated with opioid overdose. Other studies analyzing multiple disorders collectively found a correlation between the presence of any mental disorder and overdose risk. While fewer studies explored externalizing disorders, most that examined personality and antisocial disorders identified significant links to opioid overdose. In addition, A report by [21] shows that between April 2018 and March 2019, Canada (excluding Quebec) recorded 20,484 opioid-related hospitalizations, categorized as follows: 5068 for opioid-related poisonings, 6185 for adverse drug reactions from prescribed opioids, and 10,082 for opioid use disorders. A significant portion (43%) of these hospitalizations also involved a co-diagnosis of another mental disorder, with the prevalence varying by category. Hospitalizations for opioid use disorders had the highest rate of co-diagnosed mental disorders (56%), followed by opioid-related poisonings (43%), and adverse drug reactions from prescribed opioids. These statistics further establish the link between mental health disorders and opioid use disorder which eventually leads to opioid-related death.

2.2 Effect of Social Determinants (Homelessness, Unemployment, and Poverty) on Opioid-Related Deaths

Social determinants of health (SDOH), such as homelessness, unemployment, and poverty, play a crucial role in shaping opioid-related outcomes. This paper examines the impact of these factors on opioid-related deaths, emphasizing the need for targeted interventions. According to [22], among 8798 Canadians who died of

acute toxicity in 2016-2017, 7.8% were homeless at the time of death, 8.3% had experienced homelessness within the previous six months, and 1.0% became homeless due to substance use. In contrast, only 0.06%-0.10% of Canadians were homeless on a given day in 2016, and 0.67% experienced homelessness that year. These figures highlight the disproportionate impact of acute toxicity deaths on people experiencing homelessness. Furthermore [23], between July 2017 and June 2021, 6644 adults in Ontario died from accidental opioid-related overdoses, with 13.3% (884) identified as experiencing homelessness at the time of death. During this period, overall opioid-related deaths increased by 61%, while deaths among people experiencing homelessness (PEH) rose by 273.1%, growing from 7.2% to 16.8% of all opioid-related deaths. Additionally, among individuals who experienced homelessness within a year of death, the proportion of opioid-related deaths increased from 20.8% in Q2 2019 to 30.1% in Q2 2021, with an average quarter-over-quarter increase of 4.6%. Homeless individuals face extreme vulnerabilities that heighten their risk of opioid use disorder (OUD) and overdose. The lack of stable housing increases exposure to unsafe drug use environments, reduces access to healthcare, and exacerbates mental health conditions, leading to higher opioid-related mortality.

Unemployment is strongly associated with increased opioid misuse and fatal overdoses. Job loss and economic instability contribute to psychological distress, depression, and anxiety, leading many individuals to self-medicate with opioids. Regions with high unemployment rates often report elevated opioid prescribing rates, suggesting a cyclical relationship between economic downturns and opioid-related harm. Moreover, long-term unemployment can lead to social isolation and reduced access to employer-sponsored health insurance, further exacerbating the crisis. Unemployment and labor-force nonparticipation are key indicators of economic opportunity, with higher unemployment rates associated with increased psychological distress, opioid misuse, prescriptions, hospital visits, and overdose deaths [24]. Furthermore, poverty exacerbates opioid-related harm by limiting access to healthcare, addiction treatment, and social support systems. Low-income individuals often face barriers to evidence-based treatments like medication-assisted therapy (MAT) and mental health counseling. Financial stress, particularly in areas with high prescription opioid availability, increases vulnerability to misuse. Additionally, poverty intersects with other social determinants, such as inadequate housing and limited education, further driving opioid-related mortality.

The intersection of these social determinants with opioid-related deaths highlights the need for a comprehensive, multi-faceted approach to address the root causes of the crisis. Policymakers, healthcare providers, and community organizations must work collaboratively to implement strategies that address socioeconomic inequalities, improve access to mental health and addiction services, and provide support for marginalized populations. By tackling these underlying social determinants, Canada can move toward reducing opioid-related deaths and fostering healthier, more equitable communities.

2.3. The Impact of the COVID-19 Pandemic on Opioid-Related Deaths

The COVID-19 pandemic exacerbated the opioid crisis in Canada, leading to an increase in substance use and relapse among former drug users. [25] showed that one of the primary reasons for relapse was heightened isolation and disruptions in harm reduction services, such as in-person Narcotics Anonymous meetings, as well as support groups. Lockdowns and public health restrictions also limited access to supervised consumption sites, naloxone distribution, and other harm reduction programs. Increased isolation led to more people using substances alone, raising the risk of fatal overdoses, and reducing the likelihood of receiving immediate help in case of an overdose. Additionally, interruptions in methadone treatment forced some patients to obtain drugs through illegal sources, worsening the already toxic and unpredictable drug supply, which saw an increased presence of fentanyl and other potent synthetic opioids. The use of unsanitary injection equipment due to limited access to clean supplies contributed to a rise in infections among drug users.

A dynamic mathematical model was created to project potential trends in opioid overdose deaths in Canada during the COVID-19 pandemic [26]. The model integrated variables such as the use of prescription opioids, non-medical opioid consumption, the presence of fentanyl in the drug supply, and the effects of health interventions designed to reduce overdose fatalities. The result showed Opioid overdose deaths increased significantly during the COVID-19 pandemic, primarily due to heightened fentanyl contamination in the drug supply, disruptions in harm reduction services, and increased social isolation. Furthermore, the simulations predicted worsening trends in opioid-related deaths if effective interventions, such as expanded access to treatment and harm reduction services, were not implemented. Lastly, the model highlighted critical data gaps that needed to be addressed for better crisis management, including the impact of prescription opioid policies and the role of socioeconomic factors.

Additionally, [27] revealed a notable rise in opioid-related emergency medical services, with 85% of the studies examined reporting increases in service calls (ranging from 17% to 61%) and emergency department visits (ranging from 42% to 122%). Urine drug tests indicated higher positivity rates for fentanyl (34% to 138%), heroin (12% to 62%), and oxycodone (0% to 44%). However, naloxone distribution either remained stable or declined across the studies. These findings underscore the significant impact of the pandemic on the opioid crisis, emphasizing the urgent need to strengthen prevention, treatment, and harm reduction strategies.

Building on this, [28] highlighted the worsening opioid overdose crisis in Canada, with 2020 marking the deadliest year since monitoring began in 2016. That year alone saw 6214 opioid-related deaths—an average of 17 fatalities and 14 hospitalizations per day. Projections from the Public Health Agency of Canada (PHAC) indicated that deaths could remain high throughout 2021, potentially

reaching 1600 to 2000 fatalities per quarter. In response, governments and organizations implemented measures such as expanding naloxone access, harm reduction programs, safer supply initiatives, and mental health support, while also addressing stigma and barriers to care.

2.4. Public Health and Policy Responses

In the past decade, Canada faced a devastating opioid crisis that claimed thousands of lives and underscored the urgent need for comprehensive public health and policy responses. The surge prompted federal, provincial, and territorial governments to implement a range of strategies aimed at controlling the epidemic. The strategies focused primarily on reducing harm by providing supervision for consumption sites, distributing naloxone kits, and providing more methadone treatment facilities. Policies aimed at addressing the root cause of the problem were also implemented, such as an improved monitoring system for opioid prescriptions, which identified overprescribing practices. Alternative pain management medications with a lower risk of dependence were also prescribed. Initiatives like the Canadian Drugs and Substances Strategy (CDSS) were established and investments in mental health and addiction services sought to address the crisis through a multifaceted approach.

In 2024 the government of Canada launched the emergency treatment fund which promised, 150 million over three years, aimed at providing rapid response to emergent, critical needs related to the illegal toxic drug and overdose crisis, opened to both municipalities and indigenous communities. In addition, the Canadian Drug and Substance Watch was also launched to improve surveillance, predict, and respond to the rise of new and emerging psychoactive substances. The Youth Mental Health Fund which dedicated \$500 million in funding over five years to help younger Canadians access the mental health care they need was implemented.

Since 2017, the Canadian government has committed over \$1 billion, alongside Bilateral Agreements with provinces, to address the opioid and toxic drug crisis. Other funding schemes have also been implemented, including a \$25 billion investment to enhance access to mental health and substance use services, as well as \$2 billion over 10 years for Indigenous health initiatives.

Through the Substance Use and Addictions Program (SUAP), the government has funded community projects aimed at expanding opioid agonist therapy (OAT), supporting safer drug supply pilot programs, reducing stigma, and enhancing harm reduction efforts for vulnerable populations such as Indigenous peoples, youth, individuals in the correctional system, and healthcare professionals. Additionally, SUAP has improved access to peer support and capacity-building programs and has supported initiatives from the Canadian Pain Task Force. In Budget 2023, an additional \$144 million was allocated to SUAP to fund projects focused on integrating lived experience into substance use programs, improving post-treatment aftercare, addressing alcohol use disorder, and supporting adult

tobacco cessation efforts.

To enhance national pain management efforts, the government has provided \$4.5 million over five years to support Pain Canada. Further investments include over \$650 million in 2024-2025 for trauma-informed, culturally grounded, community-based mental wellness initiatives. This funding supports 75 Mental Wellness Teams serving 385 First Nations and Inuit communities, the Hope for Wellness Help Line, and other critical mental health programs.

Recognizing the link between substance use and housing instability, the government has also allocated \$1 billion over four years to Reaching Home: Canada's Homelessness Strategy, bringing the total investment to \$5 billion through 2027-2028. This includes \$50 million to accelerate local-level reductions in homelessness and \$250 million over two years to address the urgent issue of encampments and unsheltered homelessness.

Additionally, through the Canadian Institutes of Health Research and the Canadian Drugs and Substances Strategy (CDSS), the government has funded the Canadian Research Initiative in Substance Matters (CRISM) with \$6 million over five years. This funding supports the creation of a Network Coordinating Centre and an Indigenous Engagement Platform, which will strengthen knowledge mobilization, training, capacity-building, and Indigenous community involvement in addressing substance use challenges [29].

Furthermore, The Canadian government has implemented extensive prevention and education efforts to raise awareness and support community well-being in addressing substance use. As part of the Canadian Drugs and Substances Strategy (CDSS), the government launched the Youth Substance Use Prevention Program, funding projects across four provinces based on the internationally recognized Icelandic Prevention Model. Furthermore, a Knowledge Development and Exchange Hub was established to enhance youth substance use prevention efforts.

Public education campaigns have been a key component of these initiatives. Since 2018, the government has implemented national awareness campaigns focused on overdose prevention, stigma reduction, and encouraging help-seeking behaviors. In 2022, Health Canada launched Ease the Burden, a national advertising campaign targeting men in physically demanding jobs and trade students, who are disproportionately affected by the overdose crisis. Between September 2022 and July 2024, digital ads reached 246.9 million views, with 52.9 million completed video and audio ad plays and 709.2 thousand user clicks. Other awareness programs include the Know More Opioids initiative, which engaged over 187,000 youth through more than 1600 virtual and 755 in-person high school sessions. Further outreach included connecting with 2435 festival organizers in 2024 to promote naloxone distribution and overdose prevention materials.

To support workplaces and healthcare providers, the government developed toolkits for employers in the trades and related industries to address substance use harms. Collaboration with the Centre for Addiction and Mental Health (CAMH) led to the creation of a pharmacy toolkit aimed at reducing opioid stigma in phar-

macy settings. Additionally, federal efforts have been coordinated to respond to the Canadian Pain Task Force recommendations, ensuring pain is better understood, prevented, and effectively treated.

In advancing pain management strategies, the government co-organized the National Pain Congress with the Canadian Pain Society and Pain Canada, bringing together specialists, researchers, policymakers, and individuals living with pain. Other key initiatives include developing a national pediatric pain management standard, launching the Power Over Pain portal for chronic pain support, and introducing a national, competency-based pain management curriculum for physicians. The government also supported updates to the Canadian Guideline for Opioids for Chronic Non-Cancer Pain and created a Youth Resource Toolkit to assist young people, caregivers, and healthcare providers in opioid-related pain management.

Efforts to align mental health and substance use care have been strengthened through partnerships with the Standards Council of Canada, promoting better integration among healthcare providers. Additionally, best practices for reducing substance use stigma in the Canadian health system have been shared, emphasizing compassionate, non-stigmatizing language. Law enforcement officers now have access to an online Drug Stigma Awareness Training module, and within the correctional system, staff training and education materials, such as the Correctional Training Program's substance use module, have been reviewed to reduce stigma.

To further protect youth, the government developed a Blueprint for Action for schools and community organizations, outlining effective approaches to prevent substance-related harm among students. These comprehensive efforts highlight Canada's commitment to a multi-faceted, evidence-based approach to addressing substance use through prevention, education, and stigma reduction.

Despite these efforts, the crisis persisted, highlighting the need for continued innovation, collaboration, and a shift toward decriminalization and safer supply programs to save lives and reduce the stigma surrounding substance use.

3. Conclusion

The opioid crisis in Canada represents a multifaceted public health emergency that has claimed tens of thousands of lives, devastated communities and placed immense strain on healthcare, social services, and the economy. Over the past decade, the crisis has been fueled by the proliferation of potent synthetic opioids like fentanyl, polysubstance use, and the unpredictable nature of the illicit drug supply. It has disproportionately affected vulnerable populations, including First Nations communities, individuals experiencing homelessness, and those struggling with mental health disorders. The COVID-19 pandemic further exacerbated the crisis, disrupting harm reduction services and increasing social isolation, leading to a surge in overdose deaths. Despite significant public health and policy responses—such as expanded harm reduction programs, increased funding for

mental health and addiction services, and initiatives to address stigma and over-prescribing—the crisis persists. This underscores the need for continued innovation and collaboration in addressing the root causes of opioid misuse, including socioeconomic inequalities, inadequate access to healthcare, and the toxic drug supply. Moving forward, a comprehensive approach that integrates harm reduction, decriminalization, safer supply programs, and culturally appropriate interventions will be essential to saving lives and fostering healthier, more equitable communities. The opioid crisis is not insurmountable, but it demands sustained commitment, evidence-based strategies, and a collective effort to prioritize the well-being of all Canadians.

Conflicts of Interest

The authors declare no conflicts of interest.

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