

Substance Use Trends in Canada

Issue No. 6

Recent Trends in Opioid-Related Toxicity Deaths in Canada: Examining a Potential Decrease

In this Issue

[About the Recent Trends in Opioid-Related Toxicity Deaths](#)

[Data Sources](#)

[Drivers](#)

[Regional Landscape](#)

[British Columbia](#)

[Alberta](#)

[Manitoba](#)

[Ontario](#)

[Quebec](#)

[Newfoundland and Labrador](#)

[Perspectives of People with Lived and Living Experience](#)

[Potential Reasons for the Decrease](#)

[Important Takeaways for People Who Use Drugs](#)

[Looking Ahead](#)

[Need to Know](#)

[Resources](#)

[Appendix: Potential Drivers Identified by Media and Links to Articles](#)



About the Recent Trends in Opioid-Related Toxicity Deaths¹

The [most recent data](#) released by the Public Health Agency of Canada (PHAC) in June 2025 indicate that apparent opioid toxicity deaths have decreased nationally by 17% from January to December 2024, compared to the same period in 2023. However, in **all regions across Canada, the overall number of deaths remains very high, differences in death rates exist among communities, and some provinces and territories are seeing consistent increases or renewed increases following a period of decline.**

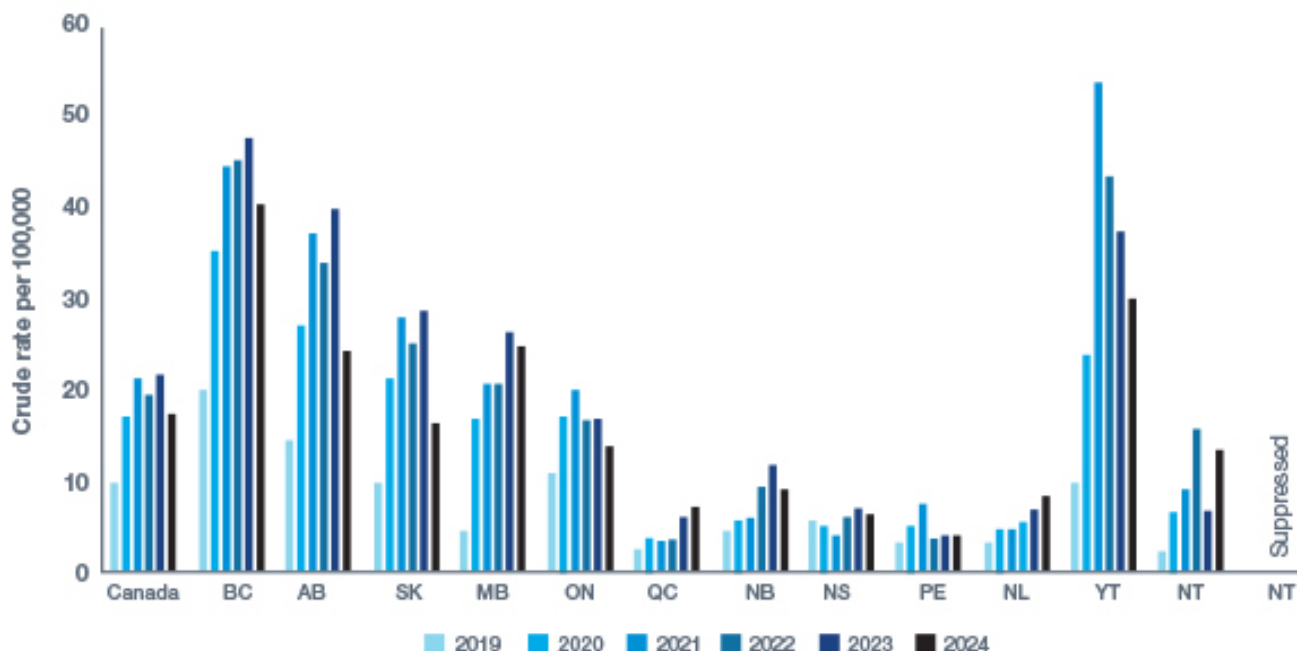
The decrease in opioid-related deaths (refer to Figure 1) observed from 2023 to 2024 are reflected mainly in regions within British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick and Yukon (to varying degrees), whereas trends in Nova Scotia and Prince Edward Island remain largely unchanged. Despite the recent decreases, death rates were still higher in 2024 compared to 2019.

Quebec, Newfoundland and Labrador, as well as the Northwest Territories saw the opposite trend, with opioid-related deaths increasing year over year from 2023 to 2024.

1 Please note that given this rapidly evolving trend, more recent data on opioid-related toxicity deaths, hospitalizations, emergency department visits, emergency health services calls or updated information on drivers may exist. Data for this issue were collected from May 3, 2025, to July 1, 2025, and are focused primarily on the changes observed from 2023 to 2024.



Figure 1: Apparent opioid toxicity deaths by province/territory, 2019–2024.



Source. [PHAC opioid- and stimulant-related harms in Canada](#)

While a decrease in opioid toxicity deaths is certainly an encouraging trend, there are still numerous other adverse effects and harms (e.g., non-fatal overdose) associated with opioids.

In addition, the contents of the drug supply vary between provinces and territories (e.g., the prevalence of carfentanil in opioid samples differs by region), and no regional drug supply represents the national landscape.

Frequent changes in the supply (e.g., presence of new substances like xylazine or other central nervous system depressants) have and will continue to occur over time and are not consistent across the country. These emerging substances continue to contaminate the unregulated supply and are associated with additional harms (e.g., prolonged sedation, wounds).

Understanding the reason(s) for the decrease is complex, as multiple factors may be at play and may vary by region. Therefore, continued monitoring of these trends is necessary to increase our insight into the drivers and the unregulated supply.

Data Sources

We reached out to our national [CCENDU](#) network (representing approximately 81 organizations, across nine provincial nodes comprised of ~150 members, including



epidemiologists, physicians, forensic pharmacologists, policy analysts, program managers, scientific advisers, researchers, public health officers, police service members, government officials, and people with lived and living experience [PLLE] of substance use) to gather information. We also reached out to our national drug checking working group ([NDCWG](#); comprised of over 60 active members, representing 40 organizations including ~20 community-based organizations). Additionally, we collated data from PHAC, Health Canada's Drug Analysis Service (DAS), the media and PLLE in June 2025. This issue summarizes their reports by region and is a preliminary exploration.

To better understand which potential drivers might be underlying the decrease, each participating CCENDU node (6) collected information from their local partners and networks. For participating NDCWG members, data were gathered from their respective services. Regional information provided by the networks is supplemented with DAS data. Additionally, media mentions were collated by CCSA via manual online searches for news releases and stories.

Figure 2: CCENDU and NDCWG sites that responded to our information request.



Drivers

A list of potential drivers contributing to the decrease in some regions has been compiled by CCSA in collaboration with CCENDU leads and PHAC. A summary of the potential drivers and high-level data is provided in the table below for regions that responded to our information request, whether they saw an increase or decrease. All regions noted that identification of drivers is complex and not definitive. Further details are included in the regional sections below.



Through an exploration of these potential drivers, we gained insights into those that are contributing to positive change. These drivers are not causal links to the decreases in opioid-related deaths. Based on the responses received, changes in the drug supply and in the number of people who use drugs were both most frequently reported drivers (Table 1).

As the unregulated drug supply is continually evolving, it is important to understand why such changes occur. The [Need to Know](#) section includes a brief synthesis of relevant insights on this topic provided by our partners.



Table 1. Overview of evidence supporting potential drivers by region.*

Drivers
<p>Changes in the drug supply ★</p> <p>Among seized drug samples, there were fewer identifications of carfentanil in each of the provinces reporting a decrease. A decrease in benzodiazepines and an increase in tranquilizers in fentanyl-containing samples were also observed. Reports also mentioned the following:</p> <ul style="list-style-type: none"> • BC: A decrease in median fentanyl concentration, overall presence of benzodiazepines and fluctuations in fentanyl analogues. • AB: A shift to less potent analogues, lower concentrations of fentanyl and/or less toxic adulterants. • MB: Stimulant-related deaths (without opioids) increased during this time. • ON: A decrease in the amount of fentanyl in drug samples decreased, though relying solely on amount to assess the strength of the fentanyl supply is no longer adequate, as an increasing proportion of samples now contain multiple or alternative high-potency opioids instead of fentanyl.
<p>Changes in how people use drugs</p> <p>A shift in the mode of consumption from injection to inhalation (where data are available) has been occurring across many regions for some time, though the role of this shift in driving a decrease in opioid-related deaths is uncertain. Reports also mentioned the following:</p> <ul style="list-style-type: none"> • AB: Decreased use of substances in isolation. • ON: In Thunder Bay, the number of deaths involving inhalation-only increased. • QC: More smoking/inhalation of drugs compared to injection.
<p>Changes in the number of people who use drugs ★</p> <p>All regions reported that the extensive losses experienced to date have led to fewer people being at risk of opioid-related deaths. Reports also mentioned the following:</p> <ul style="list-style-type: none"> • BC: Fewer young people may be initiating use, and the average age of those dying of drug poisoning has increased, suggesting an aging cohort.
<p>Expanded services and supports</p> <p>Increased awareness and availability of naloxone, as well as training on the use of naloxone to reverse opioid-related overdoses were suggested to be a potential driver across regions. Reports also mentioned the following:</p> <ul style="list-style-type: none"> • BC: The timing of declines lends some support to the availability of treatment services. • AB: Increased distribution of naloxone, availability of harm reduction and treatment supports and education on the drug supply.

*Refer to Figure 2 for participating regions.

Note: PHAC and CCSA in collaboration with CCENDU leads facilitated identification of the potential drivers of the decrease in deaths. Data included in Table 1 come from all sources outlined in the [Data Sources](#) section.



Regional Landscape

Data presented at the beginning of each regional section are provincial-level trends and may not reflect what is seen in individual communities within the province. For participating provinces that saw increased deaths (Quebec, Newfoundland), data trends are shared below, though how they may be contributing to the increases requires further exploration.

British Columbia

Overall, provincial data show that:

- There were 2,616 deaths² from January to December 2023 and 2,299 deaths in 2024 over the same period (317 fewer deaths; **12% decrease**).
- Deaths remain much higher than in 2016 when the public health crisis was declared. Hospitalizations, emergency department (ED) visits, and emergency health services (EHS) responses to opioid-related poisoning decreased from 2023 to 2024.
- There were 458 deaths in 2023 and 427 deaths in 2024 among [First Nations Peoples](#) in BC (**7% decrease**).

Potential Drivers of the Decrease in BC

Changes in the drug supply:

- BC experienced a gradual decline in deaths in the first three quarters of 2024 and a rapid decline in deaths starting in October 2024. This rapid decline is most compatible with a change in the drug market being responsible, as other potential drivers are unlikely to change as quickly.

Our partners from British Columbia Centre on Substance Use (BCCSU) drug checking services reported that, among unregulated opioid samples (down/fentanyl) there was:

- A decrease in median fentanyl concentration from 20.4% in January 2024 to 16.6% in April 2025.³
- A decrease in overall presence of benzodiazepines in opioids from 51% in January to ~40% mid-year (lowest level seen since 2022), which then increased to 48% by end of year and has been fluctuating since.
 - The decrease in mid 2024 corresponds to a decrease in bromazolam found in opioids, meanwhile the increase by the end of 2024 corresponds to a substantial increase in desalkylgidazepam.

² The number of deaths includes deaths related to all unregulated drugs including, but not limited to, opioids and stimulants.

³ BCCSU's model only accounts for fentanyl, but a model to account for para-fluorofentanyl is in development.



- This change in the type of benzodiazepine most commonly found (shift from bromazolam to desalkylgidazepam), resulted in the presence of a weaker but longer lasting benzo).
- A decrease/fluctuations in the number of opioid samples containing fentanyl compared to other fentanyl analogs, such as para-fluorofentanyl, that may have different/lower potency.

Data from Health Canada's DAS show that the proportion of seized opioid samples containing carfentanil decreased by 45% from 2023 to 2024, dropping from the second most detected analogue to the third most.

Veterinary tranquilizers like xylazine are more common in the drug supply now, and media reports suggest that extended sedation may be contributing to reduced deaths (e.g., as it may prevent people from seeking subsequent fentanyl doses) ("[Drug Deaths in B.C. are Dropping: Here's Why](#)").

Changes in the number of people who use drugs:

- Fewer young people may be initiating opioid use.
 - The use of illegal substances by young people is generally decreasing or remains stable⁴.
 - New diagnoses of opioid use disorder have been declining in older youth (between 19–24) and are stable in younger youth (between 12–18), though the reasons for this are inconclusive.
- Community members who use substances are lost due to drug poisoning and other causes related to aging, resulting in fewer individuals being at risk of overdose.
 - The average age of people dying of drug poisoning has been increasing each year, which suggests an aging cohort.

Expanded services and supports:

- Differential timing of declines across the province lends some support to the role of treatment services.

Media articles from BC parallel those identified above (refer to the [appendix](#) for more detail).

Looking Ahead

- The number of deaths [increased](#) 4% from October 2024 (159) to April 2025 (165).
- The number of EHS calls have increased 41% from March 2025 (1,080) to May 2025 (1,528).

⁴ Smith, A., Poon, C., Peled, M., Forsyth, K., Saewyc, E., & McCreary Centre Society. (2024). [The big picture: An overview of the 2023 BC Adolescent Health Survey provincial results](#). McCreary Centre Society.



- [BCCSU](#) saw increased carfentanil detections in early 2025, generally at very low concentration <1%.

Alberta

Overall, provincial data from [Alberta's surveillance dashboard](#) show that:

- There were 1,873 deaths from January to December 2023 and 1,185 deaths in 2024 over the same period (689 fewer deaths; **37% decrease**).
- Over the past five years, rates of opioid-related toxicity deaths have fluctuated significantly in Alberta from year to year.
 - Notably, from 2019 to 2023, Alberta had one of the most sizeable increases in rates of deaths from 14.4 to 39.9 (177%), followed by one of the most significant decreases from 2023 to 2024.
- Hospitalizations, ED visits and EHS calls due to opioid poisoning show a decrease between 2023 and 2024.

Potential Drivers of the Decrease in Alberta

Changes in the drug supply:

- Shifts in the unregulated drug supply to less potent analogues, lower concentrations of fentanyl and/or less toxic adulterants.
- Reduced carfentanil positivity observed in opioid-related deaths from 2023 to 2024 (9% decrease).

Data from DAS show that the proportion of carfentanil identifications in seized opioid samples decreased by 84% from 2023 to 2024, dropping from the second to third most detected fentanyl analogue.

Changes in how people use drugs:

- A decrease in isolated substance use (post-pandemic).

Changes in the number of people who use drugs:

- Extensive loss of people who use drugs in communities, including over 10,000 individuals, resulting in fewer people vulnerable to opioid toxicity deaths.

Expanded services and supports

- An increase in distribution of naloxone.
- Availability of harm reduction supports.
- Communication and education about the drug supply (including drug checking service provision).



- Increased funding to addiction and mental health—leading to additional on-demand access to opioid agonist therapy (OAT), withdrawal management and other treatment options.

Media articles from Alberta parallel those identified above (refer to the [appendix](#) for more detail).

Looking Ahead

- The number of deaths in Alberta from January to March 2025 increased 18% but then decreased by 23% from March to April 2025.
- In the first three months of 2025, some indicators of harm (e.g., emergency medical services [EMS] calls for opioid-related emergencies) have increased 62% provincially, from 663 EMS calls in January 2025 to 1,077 in March 2025.

Manitoba⁵

Overall, provincial data show that:

- There were 382 deaths in 2023 and 371 deaths in 2024 (11 fewer deaths; **3% decrease**).
- Hospitalizations, EHS calls (Winnipeg) due to opioid-related poisoning decreased from 2023 to 2024.
- However, there was a sharp increase in deaths (55%) between November and December 2023, which contributes to an overall higher rate in deaths for that year.

Potential Drivers of the Decrease in Manitoba

Changes in the drug supply:

- Data from the site show that there was a 23% increase in stimulant-related deaths (without opioids) from 2023 to 2024.

Data from DAS show that the proportion of carfentanil identifications in seized opioid samples decreased by 87% from 2023 to 2024, dropping from the second to third most detected fentanyl analogue.

Changes in the number of people who use drugs:

- There was a sharp increase in deaths at the end of 2023, suggesting that those who were at high risk of opioid-related deaths, passed in 2023. This may have contributed to lower deaths in 2024.

⁵ Due to minimal change in the number of deaths in Manitoba between 2023 and 2024, there were no explicit data that related to the drivers. Also, 2024 death data should be interpreted with caution as limitations exist (e.g., data lag).



Looking Ahead

There are concerns about increased stimulant-related harms because of increased cocaine potency and a shift toward methamphetamine use due to its low cost.

Ontario

Provincial data show that:

- There were 2,638 deaths from January to December 2023 and 2,231 deaths in 2024 over the same period (407 fewer deaths; **15% decrease**).
 - The number of deaths in 2024 were still 43% higher than the average between 2018 and 2019.

Across regions in Ontario, there is variability in rates of opioid toxicity deaths. For example:

In Toronto:

- There were 458 opioid toxicity deaths reported in 2024 in Toronto, by the Office of the Chief Coroner for Ontario.
- The preliminary data for 2024 show a 17% decrease in opioid toxicity deaths compared to 2020–2022 (the height of the crisis).
- Reports (until the third quarter of 2024) on hospitalizations due to opioid poisonings in Toronto also show a decrease since pandemic highs and ED visits are still higher than pre-pandemic but have decreased since the pandemic.

In Thunder Bay:

- Deaths increased from January to September 2024 compared to the same period in 2023.
- There was also an increase in local EHS calls for suspect opioid overdose in Thunder Bay from January to September 2024 compared to the same period in 2023.

Potential Drivers of the Decrease in Ontario

Changes in the drug supply:

- The average amount of fentanyl found in expected fentanyl samples decreased around 25% from about 4% in 2023 to about 3% in 2024.
 - There has simultaneously been [a dramatic increase in the proportion of fentanyl samples that contain veterinary tranquilizers](#) xylazine and medetomidine. These drugs are known to contribute to prolonged sedation, the suppression of vitals (e.g., low and slow heart rate), and—in the case of xylazine—wounds.
- However, relying solely on the amount of fentanyl found to gauge the potential strength of the fentanyl supply is no longer sufficient considering:



- Over 36% of fentanyl samples in 2023 and 54% in 2024 contain multiple high-potency opioids (e.g., fluorofentanyl, methylfentanyl-related drugs, nitazenes).
- About 63% of fentanyl samples in 2023 and 83% in 2024 do not contain fentanyl and instead contain another high-potency opioid.

Data from DAS show that the proportion of carfentanil identifications in seized opioid samples decreased by 86% from 2023 to 2024, dropping from the second to third most detected fentanyl analogue.

Changes in how people use drugs:

- No current data available in Toronto on mode of use (e.g., smoking vs. injecting) or use conditions (e.g., using alone or with others) for 2024.
- Data from Thunder Bay show that from January to September 2024, the number of deaths involving inhalation-only increased compared to the same period in 2023.

Changes in the number of people who use drugs:

- Over [17,000 lives of Ontarians already lost](#), which may be a contributing factor to the decrease in opioid toxicity deaths being observed in Ontario (and in other parts of Canada).

Expanded services and supports:

- Continued availability of:
 - Naloxone training, distribution and public education.
 - Harm reduction outreach and supply distribution.
 - OAT and injectable OAT
 - Supervised consumption services (SCS) with wraparound supports.

The drivers identified through the media parallel those identified above (refer to the [appendix](#) for more detail).

Looking Ahead

- Calls attended by [Toronto Paramedic Services](#) due to suspected opioid overdoses continue to see a decline into 2025.
- In 2025, data from Toronto Drug Checking Service (TDCS) shows that [benzodiazepine-related drugs are being replaced by veterinary tranquilizers](#) (i.e., medetomidine and xylazine) in Toronto's unregulated fentanyl supply, representing yet another shift in the drug market may increase rates of harms (e.g., increased harms with prolonged sedation and wounds etc.).
- TDCS saw a 50% reduction in submitted samples after the closure of several SCSs, therefore available data may not be fully capturing shifts in the drug market. Recent



closures are also associated with a reduction in the availability of other services and supports previously offered by SCSs.

Quebec

Overall, provincial data show that:

- There were 536 deaths⁶ from January to December 2023 and 645 deaths in 2024 over the same period (109 more deaths; **20% increase**).

Some trends noted by our site include:

- Fentanyl or its analogues were detected in 23% of cases and this proportion has remained stable in recent years.
- DAS data show that the proportion of carfentanil identifications in seized opioid samples increased 236% from 3 in 2023 to 12 in 2024, moving up from the fourth to the third most detected fentanyl analogue.
- Deaths are higher among the 40-to-49 and 50-to-59-year age groups, but the increase is seen across all age groups.
- As in other provinces and territories, [men account for a greater proportion of opioid toxicity deaths than women](#), though both men and women experienced approximately 20% increase from 2023 to 2024.
- The annual rate of deaths per 100,000 people is still relatively low (7.3 in 2024), despite the increase.
- There was also an increase in ED visits in 2024 compared to previous years for possible opioid-related poisonings.

Though Quebec saw an overall increase in opioid-related overdose deaths, data have also shown a shift from [injection to smoking/inhalation](#) and increased naloxone distribution through community pharmacies.

Looking Ahead

[Updated data](#) from Institut national de santé publique du Québec suggest that there has been a decrease provincially from January to March 2025 (13%) in opioid and other drug deaths and in other indicators.

Newfoundland and Labrador

Overall, provincial data show that:

⁶ The number of deaths includes presumed unintentional deaths related to all drug or opioid intoxications including, but not limited to, opioids and stimulants.



- There were 37 deaths from January to December 2023 and 45 deaths in 2024 over the same period (eight more deaths; **22% increase**).

Some trends noted by the site include:

- Fentanyl and cocaine lead the surge. Data from 2022 to 2024 show that deaths involving fentanyl and/or cocaine increased sharply compared to previous years.
- In 2024, opioids as a drug class accounted for more hospital admissions than stimulants.
- NL is continuing to see an increasingly toxic and unpredictable drug supply.
 - Toxicology data from 2023 to 2024 point to an increase in both the presence and variety of high-potency synthetic opioids (e.g., fentanyl, para-fluorofentanyl, acetyl fentanyl, ortho-methylfentanyl), as well as non-opioid adulterants (e.g., xylazine) and benzodiazepine analogues (e.g., bromazolam).
 - Multi-drug toxicity is increasing, which presents greater challenges in overdose response, and deaths involving multiple substances are on the rise (e.g., combinations that include opioids).
- Data from DAS show that the proportion of carfentanil identifications in seized opioid samples increased by 198% from 2023 to 2024, though it remained the second most detected fentanyl analogue in both years. There was also an increase in the presence of benzodiazepines in fentanyl samples (without xylazine or medetomidine) over the same period.

Though Newfoundland and Labrador saw an overall increase in opioid-related overdose deaths, data also suggest an increased awareness and distribution of naloxone, as well as some regional expansion of harm reduction and opioid agonist treatment services.

Looking Ahead

The site reports that so far in 2025, they are seeing increased potency of cocaine and increased harms from fentanyl and analogues.

Perspectives of People with Lived and Living Experience

To ensure that the perspectives of people closest to the drug toxicity crisis were included, we gathered responses from PLLE to understand if the national decrease in opioid-related toxicity deaths is reflected in what they are noticing within their communities.

We heard from PLLE (n = 8) in Alberta, Saskatchewan, Manitoba, Nova Scotia, and Newfoundland and Labrador. The information provided by PLLE highlights the regional differences seen in the decrease in deaths. From the responses received, most mentioned an increase in deaths in their communities (e.g., due to the movement of the toxic supply from west to east, limited harm reduction and substance use treatment services). Suggested drivers of the decrease mentioned by PLLE are outlined below.



Potential Reasons for the Decrease

- Improvement in the stimulant drug supply out West.
 - Not reflective of the rest of the drug supply, as that is still volatile.
- Expanded services and supports.
 - Take-home naloxone program and the addition of nasal naloxone have helped.
 - Overdose prevention sites.
 - Safer supply programs.

We also heard from PLLE regarding the ways in which people who use drugs can reduce their risk of experiencing harms in the context of the ongoing crisis.

Important Takeaways for People Who Use Drugs

- Get your drugs tested, if possible.
 - Be aware of the limitations (e.g., false positives, does not test for all toxic or synthetic drugs, the particular sample tested could be more or less potent than the remaining batch).
 - Assume all drugs bought on the street to be toxic.
- Be in the community.
 - Do not use alone.
 - Look out for each other, communicate and remember that you are not alone.
- Do your best to understand what is going on in the drug supply.
 - Try to stay aware of the latest data; even if deaths are decreasing, the drug supply remains toxic and there are associated harms.
 - If the decrease in deaths is due to reduced toxicity of the drug supply, you may be at high risk of harm if the supply returns to what it was previously, particularly if tolerance to opioids has been reduced.
- Use the resources available to you like recovery coaches and supports and treatment (e.g., peer support, SCSs and drug checking services).

Looking Ahead

Below is a summary table highlighting select key data trends in early 2025. Refer to [Regional Landscape](#) for additional details.



Table 2. Summary of high-level trends in early 2025

BC	AB	MB	ON	QC	NL
Increased: Drug toxicity deaths EHS calls for suspected opioid toxicity Presence of carfentanil	Increased: EHS calls for suspected opioid toxicity Carfentanil positivity in toxicity deaths	Increased: Potency of cocaine	Increased: Tranquilizers in the unregulated fentanyl supply Decreased: EHS calls for suspected opioid toxicity (Toronto) Real-time monitoring of the drug supply and access to services and supports due to closure of SCSs	Decreased: Opioid-related deaths	Increased: Potency of cocaine Harms from fentanyl and analogues

Toronto continues to be in the midst of a drug toxicity epidemic, and people continue to die every day. We support the full continuum of care, from prevention to harm reduction to evidence-based treatment and are closely monitoring the situation. While we hope to see a sustained decline in opioid toxicity deaths, Toronto Public Health remains focused on all available strategies to keep people alive and reduce drug-related harms. (Associate Medical Officer of Health, Toronto Public Health)

Need to Know

Though the decreases (where observed) are encouraging a vast number of preventable deaths continue to occur, and the decrease seen in 2019 did not persist.

It is possible that the death rates reported for 2024 are an underestimation due to lagging and the inclusion of preliminary death investigation data, which may be contributing to the decrease.

As mentioned above, no causal links have been established between the potential drivers and the decrease in deaths and, the degree to which various drivers are contributing likely varies by region. That said, based on the wide range of data sources, changes in the drug supply and changes in the number of people using drugs were the most commonly supported drivers.

It is important to highlight that frequent changes in the drug supply, including the emergence of new substances and precursors, are likely due to:

- International and domestic scheduling, enhanced border control and policing of certain chemicals, which disrupts supply chains and leads to reduced accessibility (e.g., [scheduling of select fentanyl precursors](#)); and



- Subsequent shifts in the way substances are manufactured and transported, while trying to minimize detection and maximize profits (e.g., synthetic opioids of higher potency).

As a result, the substances available to people who use drugs from the unregulated market changes, which can result in unintentional exposure to substances, changes in preference and shifts in demand.

Beyond opioid-related harms, Manitoba and Newfoundland and Labrador are seeing increased cocaine potency in 2025 (refer to Table 2), resulting in increased concerns about stimulant-related harms. These shifts highlight the need for regionally responsive, and sustained investment in interventions across the continuum from prevention to harm reduction to treatment, as well as sustained investment in real-time drug monitoring, data collection and integration.

We will continue to monitor these data trends in collaboration with our vast networks and provide contextual quantitative and qualitative data and information to increase our understanding of the potential drivers.

The drug toxicity crisis has significantly impacted, and will continue to impact, the lives of people who use drugs, their friends, families and communities. This should remain top of mind when discussing the context surrounding the nationally reported decrease in toxicity deaths.

Resources

- Information on trends in opioid toxicity-related outcomes in Toronto can be found on the [Toronto Overdose Information System](#) website.
- Journal article: [Considering possible drivers of the recent decrease in drug overdose deaths in Canada - The Lancet Regional Health – Americas](#).

Prepared by the CCSA in partnership with the CCENDU

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- Canadian Community Epidemiology Network on Drug Use
- National Drug Checking Working Group
- Public Health Agency of Canada
- Health Canada's Drug Analysis Service



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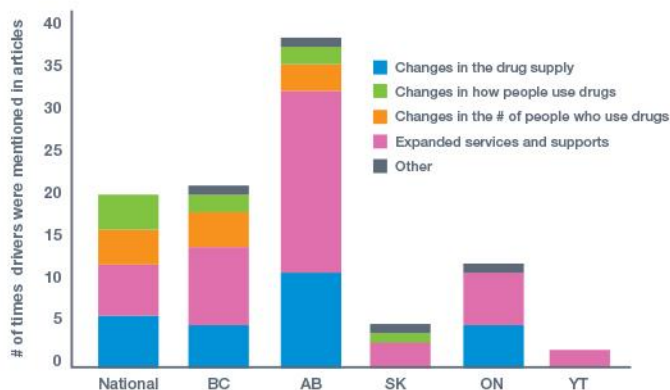
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Appendix: Potential Drivers Identified by Media and Links to Articles

Figure: Potential drivers mentioned in the media by regions seeing a decrease in opioid-related toxicity deaths



Note: Media articles from Saskatchewan and Yukon that mentioned potential drivers are included in the figure, as both saw a decrease in opioid toxicity deaths.

Changes in the Drug Supply

1. [National. Overdose deaths are falling. Will fentanyl crackdowns change that?](#)
2. [National. Overdose deaths are dropping. Advocates say fentanyl crackdowns could reverse that](#)
3. [National. Fewer overdose deaths, but no clear reason why](#)
4. [National. Overdose deaths are falling across North America. But why?](#)
5. [National. Deaths from drug overdoses are falling, but it's too soon to tell if this will last](#)
6. [National. Overdose deaths saw a sharp drop in the U.S. Experts hope it's not 'a blip'](#)
7. [BC. Drug-death decline 'and encouraging trend'; drop mirrors trend across North America](#)
8. [BC. B.C overdose deaths drop 30 percent, but researchers point to 'emerging dangers'](#)
9. [BC. Toxic drug deaths appear to be falling in B.C.—and no one is sure why](#)
10. [BC. Doctors say drop in drug deaths likely supply-related](#)
11. [BC. Drug deaths in B.C. are dropping. Here are some of the theories why](#)
12. [AB. Alberta sees lowest opioid deaths since 2019, but varying drug toxicity across municipalities remain top concern](#)
13. [AB. Firefighters responded to 58 per cent fewer overdoses in 2024, says fire Chief](#)
14. [AB. Alberta data shows decrease in opioid deaths and overdoses, but some groups are dying more than others](#)
15. [AB. Alberta trends downward in opioid-related deaths, but Edmonton remains top city](#)
16. [AB. Alberta opioid deaths continue to decline from record high last year](#)
17. [AB. Skepticism in some as opioid related deaths in Alberta on the decline](#)
18. [AB. Drop in drug poisoning deaths does not necessarily indicate Alberta Recovery Model is working](#)
19. [AB. Why Alberta's OD Figures Don't Make a Case Against Harm Reduction](#)



20. [AB. Year-over-year opioid overdose deaths in Alberta drop by 55%, latest numbers show](#)
21. [AB. Opioid deaths decrease in March, April: Alberta government](#)
22. [AB. Alberta opioid fatalities down to lowest toll in four years](#)
23. [ON. Opioid deaths decline in Ontario, yet experts urge caution](#)
24. [ON. Opioid related deaths down 40% in Middlesex London](#)
25. [ON. Number of non-fatal overdoses Toronto paramedics respond to is declining, city data shows](#)
26. [ON. Overdose deaths are down in Ontario. Is the province following a trend in Alberta and B.C.?](#)
27. [ON. Opioid deaths, ER visits down in 2023, but London still in throes of deadly crisis: health officials](#)

Changes in How People Use Drugs

1. [National. Overdose deaths are falling. Will fentanyl crackdowns change that?](#)
2. [National. Overdose deaths are falling across North America. But why?](#)
3. [National. Deaths from drug overdoses are falling, but it's too soon to tell if this will last](#)
4. [National. Overdose deaths saw a sharp drop in the U.S. Experts hope it's not 'a blip'](#)
5. [BC. Drug-death decline 'and encouraging trend'; drop mirrors trend across North America](#)
6. [BC. B.C. sees slight drop in toxic drug deaths, but is it a trend?](#)
7. [AB. Drop in drug poisoning deaths does not necessarily indicate Alberta Recovery Model is working](#)
8. [AB. Why Alberta's OD Figures Don't Make a Case Against Harm Reduction](#)
9. [SK. Sask. drug-related deaths declining in 2024 but reasons unclear, coroners service says](#)

Changes in the Number of People Who Use Drugs

1. [National. Overdose deaths are falling. Will fentanyl crackdowns change that?](#)
2. [National. Fewer overdose deaths, but no clear reason why](#)
3. [National. Overdose deaths are falling across North America. But why?](#)
4. [National. Deaths from drug overdoses are falling, but it's too soon to tell if this will last](#)
5. [BC. Drug-death decline 'and encouraging trend'; drop mirrors trend across North America](#)
6. [BC. Toxic drug deaths appear to be falling in B.C.—and no one is sure why](#)
7. [BC. Doctors say drop in drug deaths likely supply-related](#)
8. [BC. B.C. records 'significant decline' in toxic drug deaths, but reasons unclear](#)
9. [AB. Alberta sees lowest opioid deaths since 2019, but varying drug toxicity across municipalities remain top concern](#)
10. [AB. Firefighters responded to 58 per cent fewer overdoses in 2024, says fire Chief](#)
11. [AB. Alberta trends downward in opioid-related deaths, but Edmonton remains top city](#)

Expanded Services and Supports

1. [National. Overdose deaths are falling. Will fentanyl crackdowns change that?](#)
2. [National. Overdose deaths are dropping. Advocates say fentanyl crackdowns could reverse that](#)
3. [National. Fewer overdose deaths, but no clear reason why](#)
4. [National. Overdose deaths are falling across North America. But why?](#)
5. [National. Deaths from drug overdoses are falling, but it's too soon to tell if this will last](#)



6. [National. Overdose deaths saw a sharp drop in the U.S. Experts hope it's not 'a blip'](#)
7. [BC. Drug-death decline 'and encouraging trend'; drop mirrors trend across North America](#)
8. [BC. Harm reduction credited for reducing Indigenous fatalities in BC](#)
9. [BC. B.C overdose deaths drop 30 percent, but researchers point to 'emerging dangers'](#)
10. [BC. Toxic drug deaths appear to be falling in B.C.—and no one is sure why](#)
11. [BC. Doctors say drop in drug deaths likely supply-related](#)
12. [BC. B.C. sees slight drop in toxic drug deaths, but is it a trend?](#)
13. [BC. Over 1,150 toxic-drug deaths in B.C. in 1st half of 2024: coroner](#)
14. [BC. 'There's still work to do' as Penticton sees a drop in overdose deaths](#)
15. [BC. Drug deaths in B.C. are dropping. Here are some of the theories why](#)
16. [AB. Alberta sees lowest opioid deaths since 2019, but varying drug toxicity across municipalities remain top concern](#)
17. [AB. Firefighters responded to 58 per cent fewer overdoses in 2024, says fire Chief](#)
18. [AB. Lethbridge, rest of Alberta see significant drop in overdose deaths in 2024](#)
19. [AB. Number of opioid deaths continues to shrink in Red Deer and Central Alberta](#)
20. [AB. Alberta opioid overdose deaths dip to end 2024; Compassionate Intervention Act still expected](#)
21. [AB. Latest opioid data shows evolving trends in Red Deer](#)
22. [AB. Alberta trends downward in opioid-related deaths, but Edmonton remains top city](#)
23. [AB. Alberta opioid deaths continue to decline from record high last year](#)
24. [AB. Opioid-related deaths decline 32 per cent in Red Deer as of August](#)
25. [AB. Addictions and mental health minister says Alberta recovery model 'proving results'](#)
26. [AB. Skepticism in some as opioid related deaths in Alberta on the decline](#)
27. [AB. Too early to tout drop in Alberta opioid deaths, critics say](#)
28. [AB. Why Alberta's OD Figures Don't Make a Case Against Harm Reduction](#)
29. [AB. Alberta sees decline in opioid-related deaths, reaching pre-pandemic levels for first time](#)
30. [AB. Year-over-year opioid overdose deaths in Alberta drop by 55%, latest numbers show](#)
31. [AB. Opioid deaths decrease in March, April: Alberta government](#)
32. [AB. Drug-related deaths in Fort McMurray drop as Alberta sees downward trend](#)
33. [AB. Alberta opioid fatalities down to lowest toll in four years](#)
34. [AB. Overdoses remain a threat despite positive trends](#)
35. [AB. Alberta drug deaths hit record high in 2023](#)
36. [AB. How much have drug-poisoning deaths in Alberta really gone down?](#)
37. [SK. Overdoses spike in Saskatchewan despite downward trend](#)
38. [SK. Sask. overdose numbers in 2024 drop, according to new report](#)
39. [SK. Record year for emergency calls in Saskatoon](#)
40. [ON. Opioid deaths decline in Ontario, yet experts urge caution](#)
41. [ON. Opioid overdoses and deaths drop 'dramatically' in Grey-Bruce](#)
42. [ON. Overdoses, ER visits down in 2025 in Ontario region but officials not ready for optimism](#)
43. [ON. 'We need to continue these efforts': Fewer opioid deaths in Peterborough in 2024, compared to last year](#)



44. [ON. Opioid deaths, ER visits down in 2023, but London still in throes of deadly crisis: health officials](#)
45. [ON. Here's what happened to overdose deaths in Toronto neighbourhoods with safe consumption sites](#)
46. [YT. Reduction in Yukon illicit drug deaths suggests harm reduction is working, advocate says](#)
47. [YT. Yukon sees less overdose deaths in 2024 than previous 4 years: coroner](#)

Other

Law Enforcement Initiatives

1. [BC. Doctors say drop in drug deaths likely supply-related](#)
2. [SK. Crime, overdose deaths down in Regina last year, according to police](#)
3. [ON. Lessons from Peterborough, where cops started cracking down on open drug use in 2023](#)

Updated CPR Protocols

1. [AB. Firefighters responded to 58 per cent fewer overdoses in 2024, says fire Chief](#)