



Health Sciences North  
Horizon Santé-Nord

## LOCAL PERSPECTIVE ON SUBSTANCE USE

April 16, 2025

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# Surface View



# Deep Dive



Sudbury.com Feb 13, 2024



Sudbury.com April 2024



Sudbury.com Nov 9, 2023

Greater Sudbury Paramedic service responding to ~677 calls/year for suspected opioid-related incidents (7)

Open drug use

Drug use equipment discarded in public places

Unhoused individuals and encampments

Criminality linked to drug use. 47% of crimes were linked to substance use, alcohol being the most significant contributor at 17% and opioids leading to 5% (6).

Drug use leading to violent encounters. Alcohol followed by cocaine being the largest contributors (6)



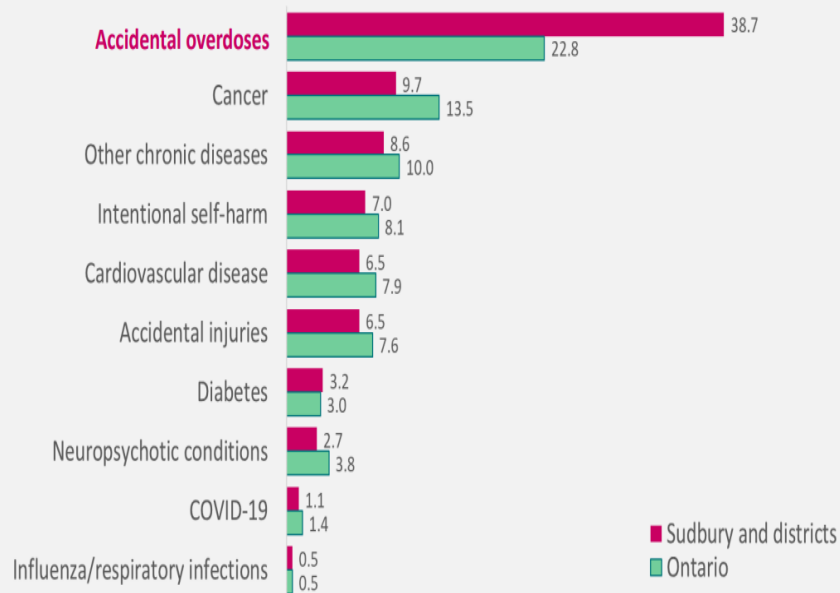
# Service Delivery Trends/Factors - Substance Use

Accidental overdoses are the leading cause of death in Greater Sudbury from ages 0-49 – a rate of **almost DOUBLE the province**.

Sudbury/ Manitoulin has one of the highest rates of use, harm and mortality due to alcohol & drugs in the province.

## Accidental overdoses are *the* leading cause of death among those aged 0–49 years

Top 10 leading causes of death (%), by cause and geographic region, ages 0–49 years, 2021



Source: Ontario Mortality Data 2021, IntelliHEALTH Ontario, Ontario Ministry of Health, Extracted October 30, 2023

Public Health Sudbury & Districts

phsd.ca

## What this looks like at HSN in 2023-24...

- Over 25,000 inpatient days in hospital associated with substance use (medical, psychiatric, addiction).
- **Over 2,500 ED visits associated with Substance Use.**
- **241% increase in ED visits in those with an opioid use disorder.**
- Almost 1/3 of patients revisit the ED within 30 days.

# Service Delivery Trends/Factors – Homelessness

What this looks like in 2023-24:

**135% increase** in ED visits over last 5 years from individuals who are unhoused.

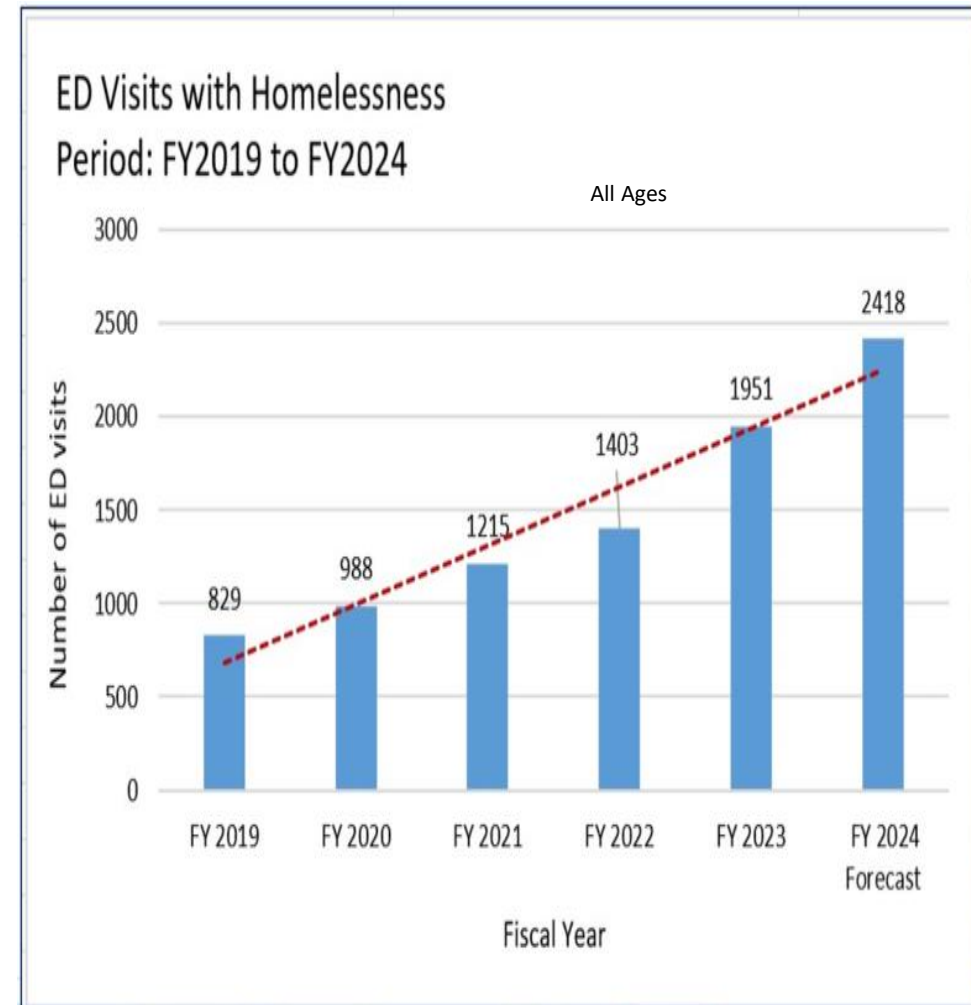
This represented almost **2,000 ED visits** by **521 individuals** with no fixed address.

**11% are youth/transitional youth (under 25 years of age).**

**5757 inpatient days** and increasing.

**61% of** individuals revisit ED within 30 days

**10 individuals accounted for 441 visits**  
**(almost ¼ of the total visits in this patient demographic)**





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Drug use leading to violent encounters.

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- New and emerging drugs. Wastewater, drug samples confirm: 28 new stimulants, 17 new opioids, 8 new sedatives (4)
- Increase in inhalation use (2)
- Poly-substance use (stimulant & opioid)
- Increased youth involvement

- Substance access (alcohol, cannabis)
- Unemployment, financial & housing challenges (1,2)
- More opioid deaths in private residences (74.8%) than in homeless (2)

- Prolonged hospital stays (3)
- Repeat ED visit
- Alcohol almost half of hospitalizations.
- Lack of treatment beds, and timely access
- Lack of community/support systems
- Lack of primary care and healthcare follow-up access (3)
- Stigma decreasing access to health care (1)



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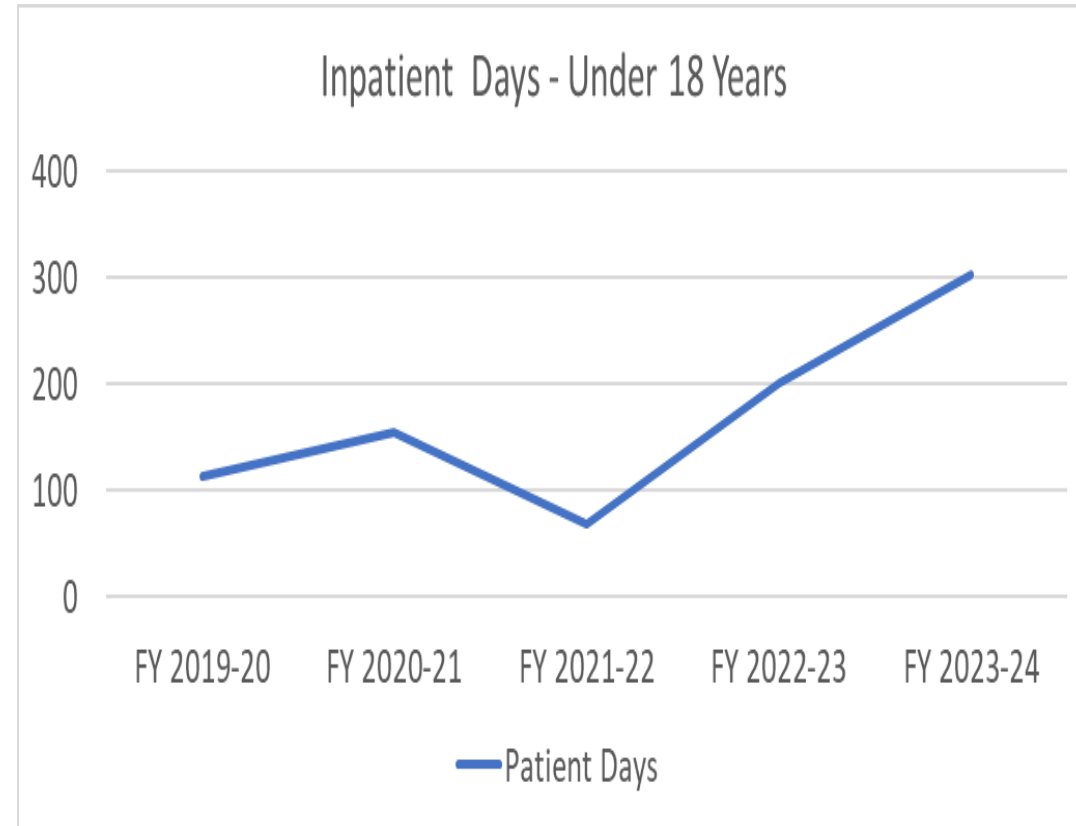
# Service Delivery Trends/Factors - Substance Use

## Children and Youth

While substance use has increased across all age groups, it is particularly important to highlight the sharp rise in rates among individuals under 18.

2019-20 to 2023-24:

- **167% more days in hospital**
- **30% increase in ED visits**
- **29% more unique patients**
- **67% increase in overdoses**



# Key Takeaways

- Sudbury has some of the highest rates of substance use, harm and mortality in Ontario, often double compared to the rest of Ontario.
- Alcohol is as big, if not bigger a problem than opioids.
- Trends show increased healthcare utilization indicating that preventative measures are required for all age groups, including a focus on youth.
- Collaboration with the City of Greater Sudbury, GSPS and community partners has been critical in efforts to address these needs.
- We need to keep going. Together.

# References

- 1) Magwood O, Salvalaggio G, Beder M, Kendall C, Kpade V, Daghmach W, et al. (2020) The effectiveness of substance use interventions for homeless and vulnerably housed persons: A systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder. *PLoS ONE* 15(1). <https://doi.org/10.1371/journal.pone.0227298>
  - 2) Huyer. D (n.d.) Learning from the dead to protect the living: Coroner investigations of opioid toxicity deaths in Sudbury. *Office of the Chief Coroner/Ontario Forensic pathology Service*.
  - 3) Jenkinson, J., Wheeler, A., Wong, C., & Mussells Pires, L. (2020). Hospital discharge planning for people experiencing homelessness leaving acute care: A neglected issue. *Health Care Policy* 16(1).
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  - 6) Young, M. M., De Moor, C., Kent, P., Stockwell, T., Sherk, A., Zhao, J., Sorge, J. T., Farrell MacDonald, S., Weekes, J., Biggar, E., & Maloney, H. B. (2021). Attributable fractions for substance use in relation to crime. *Addiction*, 116(11), 3198–3205.
  - 7) Community Drug Strategy. (March 26, 2025) Drug surveillance. *Public Health Sudbury & Districts*. <https://www.phsd.ca/health-topics-programs/alcohol-drugs/community-drug-strategy/research/opioid-surveillance/>
- [Canadian Substance Use Survey \(CSUS\): Data tool — Canada.ca](#)