

# Toronto Drug Use Report<sup>1</sup>

## Highlights 2004<sup>2</sup>

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Toronto's Research Group on Drug Use (RGDU) was formed in 1990 by four local agencies: Toronto Public Health, Toronto Police Force, the current CAMH (former Addiction Research Foundation) and the Office of the Chief Coroner of Ontario. It was modelled after the local units of the Community Epidemiology Work Group, which are supported by the U.S. National Institute on Drug Abuse (NIDA). The CCENDU network is also based on the NIDA model. The following is a summary of the newest drug-related concerns in Toronto.

### **Prevalence**

Alcohol and marijuana continue to be the most widely abused substances among both youth and adults.

Use of inhalants among students remains elevated, with approximately 8% of students reporting use of solvents other than glue at least once in the past year. This rate compares with numbers a decade ago of 1-2%. It is also noted that glue and other solvents are most popular among the youngest students surveyed—unlike the general pattern for other drugs.

The increased popularity of other addictive and potentially deadly substances such as cocaine, methamphetamine and mixtures of prescription drugs and other pills is an especially worrisome trend among recreational users, especially young adults in the club scenes, both straight and gay.

### **Enforcement**

Dealing with grow houses is a relatively new aspect of enforcement. More than 300 grow houses were uncovered by Toronto police during the 2004 calendar year. Another emerging topic in enforcement concerns driving while intoxicated by drugs other than alcohol. While drinking and driving continues to cause deaths and injuries on our roads, the more complex task of driving under the

influence of marijuana, and other drugs for which there is currently no roadside testing procedure, is now a priority for enforcement.

### **Treatment**

Canada's first Drug Treatment Court (DTC) has just completed an evaluation of its first five years of operation. This preliminary look at the outcomes initially achieved by court-supervised treatment indicates especially positive results for older users who have grown weary of the cycle of using, committing crimes to finance their habit and being arrested.

The lack of any residential treatment facilities for youth in Toronto continues to be a frustration for those familiar with the high rates of serious drug addiction among homeless teens in Toronto.

### **Morbidity**

There have been a number of reports in the community of possibly contaminated substances being sold on the streets and the potentially deadly side-effects they appear to have produced. Creating a system to report such contamination of illicit substances continues to be an area of interest of the RGDU.

## **Mortality**

Oxycodone-related deaths jumped from less than seven a year before 2002 to 27 in 2002. There appears to be a continuing increase in oxycodone use based on preliminary data for 2003, both in Toronto as well as in areas outside of the city.

One reason for the jump in oxycodone popularity is the relatively new timed release form of this drug, with a total oxycodone content of 160mg per tablet. The time release is often overcome by chewing the tablet, thus releasing what is meant to be a long-term dosage in one administration.

## **HIV/AIDS/HEP C**

It is estimated that there are 10,000-18,000 injection drug users (IDU) in Toronto. The transmission of hepatitis C (HCV+) and HIV are two of the chief health concerns associated with this form of drug use. A 2003 Health Canada study provided a summary of these rates in selected IDUs from four Canadian cities, as follows:

| City     | N   | %HCV+ | %HIV+ |
|----------|-----|-------|-------|
| Regina   | 254 | 60.2  | 1.2   |
| Toronto  | 221 | 54.3  | 5.1   |
| Sudbury  | 169 | 61.5  | 10.1  |
| Victoria | 150 | 79.3  | 16.0  |

The high rates of hepatitis C among IDU across Canada are apparent. The HIV rates measured in this study were lower than previous studies in each of these four cities. Innovative outreach programs in all four cities are generally credited for this apparent reduction in the spread of disease.

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<sup>1</sup> The epidemiological data on drug use is collected and analyzed by the Toronto Research Group on Drug Use.

<sup>2</sup> Source: Bernstein, J., Adlaf, E., & Paglia, A. (2004). Drug Use in Toronto 2004. Toronto: Research Group on Drug Use.