
EXECUTIVE SUMMARY

SECTION ONE: DRUG USE BY POPULATION

A. Drug Use In the “Mainstream” Population

- **Drug Use Among Students**

Marijuana (a.k.a. cannabis) remains the most popular illicit recreational drug among Toronto students. Approximately 23% of respondents to the most recent Toronto student survey indicated recent (past year) cannabis use.

The high-risk practice of binge drinking, that is consuming more than five alcoholic drinks on one occasion, was reported by 18% of Toronto students.

Inhalant use among Toronto students was reported by nearly 8% . This potentially fatal practice is most popular among the youngest students surveyed.

Cocaine powder use among Toronto students has increased over the last decade, from 1.1% in 1993 to 4.0% in 2003.

With respect to designer drugs, less than 4% of students indicated past year use of ecstasy, while only 1% reported use of GHB.

- **Drug Use in the General Adult Population**

Fifteen percent of respondents to the 2003 CAMH Monitor survey reported past year use of marijuana.

Anecdotally, powdered cocaine is gaining popularity among mainstream adults.

For the past ten years, the number of infants born with Newborn Drug Withdrawal Syndrome has ranged between fifteen and thirty. The most recent report of twenty-four Toronto newborns diagnosed with this condition in the 2002/2003 reporting period lies within this range.

- **Update on Marijuana Legislation**

On November 1, 2004, the federal government introduced Bill C-17, legislation to decriminalize the possession of small quantities of marijuana. This bill replaced the former Bill C-38, which expired when Jean Chretien left office.

Companion legislation C-16 was also introduced to deal with the problem of driving under the influence of drugs other than alcohol.

- **Driving Under the Influence of Marijuana and Other Drugs**

According to the 2003 CAMH student survey, nearly fourteen percent of student drivers in Toronto have driven under the influence of marijuana.

There is evidence that the combination of marijuana and alcohol may be more detrimental to driving than the sum of the individual effects from each drug.

- **Use of Designer Drugs Among Adolescents and Young Adults**

Ecstasy remains the most popular designer drug, according to a 2002-03 study of local dance party participants by TRIP! Thirty-percent of over three hundred respondents named it as the drug they consumed most often, second only to marijuana.

Ketamine was a distant second among designer drugs, cited by just under 5% of respondents.

GHB appears to have lost much of its appeal among those attending large dance parties.

A variety of new designer drugs are used locally, including 2C-B and the tryptamines FOXY and AMT.

- **Emerging Issues in General Population Drug Use**

Oxycodone, a narcotic pain reliever, is gaining popularity as a drug of abuse. Twenty-seven deaths in Toronto were related to the use of this drug in 2002, compared to between one and seven deaths annually during the period 1991-2001.

Methamphetamine, a chemical stimulant produced in clandestine laboratories, is gaining popularity locally, according to numerous sources. This drug's high potential for addiction and serious physical injury or death, noted in many North American cities over the past decade, is a serious concern.

Poly-drug use, the combination of two or more drugs for recreational use, is currently widespread in Toronto. This practice is especially popular in the gay club scene.

The dangers of serious untoward drug effects substantially increase with poly-drug use.

Among particularly dangerous drug combinations are alcohol combined with either GHB, cocaine, or heroin; GHB and benzodiazepines; and methamphetamine with ecstasy.

B. DRUG USE IN "MARGINALIZED" POPULATIONS

- **Drug Use Among Street Youth**

Rates of drug use far greater than those of their housed counterparts are reported by street youth in recent Toronto surveys.

The lack of any residential treatment facilities for these youth renders effective treatment for homeless youth with serious addictions highly unlikely.

Methamphetamine appears to be popular within this population. The extreme popularity of methamphetamine among Vancouver street youth serves as a warning for Toronto.

Another factor which complicates drug abuse treatment for homeless youth is the high prevalence of concurrent disorders, that is mental illness along with problems of substance abuse.

- **Marginalized Adults and Crack Use**

Local studies confirm that crack is the drug of choice among homeless and otherwise disenfranchised populations in Toronto.

The low utilization rate of social and health social services by homeless individuals is a well-known, significant barrier with respect to prevention of disease transmission associated with crack use.

- **Marginalized Adults and Injection Drug Use**

The transmission of Hepatitis C and HIV are two of the most serious public health risks associated with this form of drug use.

While the rate of Hepatitis C observed among injection drug users in Toronto is high, estimated at 54%, it is the lowest observed among four Canadian cities recently studied by Health Canada.

The rate of 5.1% of HIV among injection drug users in Toronto is, again, relatively low when compared to several other Canadian cities.

- **Barriers to Drug Use Treatment for Marginalized Populations**

Large numbers of homeless, pregnant women in Toronto with drug-related problems underscore the need for outreach to this population.

The procedure for seeking treatment for problematic substance use is a source of confusion for clients and treatment providers. Among the common concerns are the need to clarify: the initial assessment process, the waiting times, and the need for detox.

- **Emerging Issues for Marginalized Users**

Reports of poisonings, potentially related to the contamination of illicit drugs, underscore the need for prompt information sharing in these cases.

SECTION TWO: FINDINGS BY INDIVIDUAL DRUGS

- **Cocaine**

While general population surveys are largely unchanged, there is much anecdotal evidence of the increased use of powdered cocaine.

Any increase in use, however, is not reflected in the cocaine-related death data through 2001. Following a period of increase in the late 1990s, cocaine-related deaths in the most recently available data have fallen to the lowest rates seen since the late 1980s.

- **Heroin**

Heroin use remains low in the general population.

Methadone treatment continues to increase throughout the province. There was an increase of more than 1000% in the number of methadone patients in Toronto between July, 1996 and July, 2004.

Although correctional facilities in Ontario currently maintain methadone clients who become incarcerated while on methadone medication, newly incarcerated individuals cannot request initiation of treatment that has not been previously prescribed.

The decrease in heroin-related deaths, since the peak of 67 in 1994, has continued through 2001. More recent data is not yet currently available.

- **Marijuana**

Fifteen percent of Toronto adults responding to the 2003 CAMH Monitor reported cannabis use within the past year. This finding is close to the highest reported level on record, 17%, observed in 1984.

The use of marijuana reported in the both the 2001 and 2003 Toronto student surveys is also relatively high. In fact the rates of 22% and 23%, noted respectively in these recent studies, are the highest since the late 1970s.

The quantity of marijuana seized in Toronto has increased substantially over the past five years.

- **Barbiturates, Sedative Hypnotics and Tranquilizers**

Past year use of drugs in this category appear to be relatively low in mainstream populations.

An increase in the non-medical use of prescription drugs in the United States serves as a potential warning for similar increases in Toronto in the future.

Barbiturates and benzodiazepines are frequently used by IDU in Toronto.⁷⁶ According to the recent TRACK survey of IDU, nearly 22%, indicated the non-injection use of barbiturates, while one-hundred-eight, or approximately 49%, indicated the non-injection use of benzodiazepines.

- **Hallucinogens**

Use of “traditional “hallucinogens such as LSD and PCP appears to be relatively uncommon in Toronto. However, these are distinguished from designer drugs fashioned as hallucinogens (e.g. ecstasy, tryptamines); these substances are categorized as designer drugs for this report.

- **Inhalants/Solvents**

According to the 2003 student survey, approximately 8% of students inhaled solvents other than glue in the year preceding their interview. This rate is higher than those found over a decade ago (1%-2%). It is also noted that glue and other solvents are most popular among the youngest students surveyed, unlike the general pattern seen for other drugs.

Inhalants appear to be particularly popular in gay clubs, among other venues.

- **Stimulants**

While anecdotal reports indicate methamphetamine is rapidly gaining popularity in Toronto, survey data regarding use of all stimulants in the general adult and student populations do not yet reflect this trend.

Methamphetamine use is more apparent in data from surveys of street youth

While the quantity of stimulants seized in Toronto peaked in 2001, the quantities seized in the subsequent years have returned to the low levels traditionally noted in the city.

- **MDMA – Ecstasy**

Less than 1% of Toronto adults reported using ecstasy in the past year. This rate is not significantly different from the 2% reporting use in 2002.

In 2003, past year use of ecstasy was reported by 3% of Toronto students. This rate is non-significantly lower than that found in 2001 (6%) and resembles the levels found in the mid-1990s.

Despite the low usage indicated by these surveys, ecstasy appears to be popular among attendees at dance clubs in both the gay and straight communities in Toronto.

There were eight ecstasy-related deaths in Toronto between January 1, 1999 and December 31, 2001.

- **GHB**

Use of GHB among Toronto students was reported at 1% in the 2003 OSDUS, unchanged from the results of 2001.

GHB appears to have lost the appeal it previously had among party-goers in Toronto, according to a recent TRIP! survey. It was not mentioned by any of over 300 respondents as the drug they most often used.

GHB does, however, reportedly remain popular in gay clubs in Toronto, among other venues.

Three GHB-related deaths occurred in Ontario between January, 1999 and December, 2002.