
SUMMARY OF DATA SOURCES

Data Sources for Section I – Drug Use by Population

The section entitled “Drug Use by Population” details several areas of significant concern with respect to local drug use. Descriptions of the data sources used for this section are included in each individual discussion.

Data Sources for Section II – Findings by Individual Drugs

The data used to describe the use of individual drugs rely on a number of sources described in previous editions of Drug Use in Toronto.

While this section divides drugs into specific groups, it must be noted that such classifications are not unique. For example, methamphetamine, considered a stimulant for the purposes of this report, is often classified as a designer drug. Likewise, some sources classify all prescription drugs together, while this report uses separate groups for barbiturates, opiates, stimulants, and others.

Updates for the current report are taken from the following sources:

DRUG USE

1. Data on use among students and adults are provided monitoring studies by the Centre for Addiction and Mental Health (CAMH). Updated for this report are the 2003 adult drug-use estimates derived from The CAMH Monitor, and the 2003 student drug use estimates based on CAMH’s Ontario Student Drug Use Survey (OSDUS).
2. Updated estimates of drug use among street youth are from the 2004 report “Youthlink Inner City, Hepatitis C Support Program, Final report,” by Dr. Deborah Goodman of the Toronto Children’s Aid Society (CAS).

3. In addition, anecdotal data on drug use is provided by staff from several local community health centres and other agencies collaborating with the Research Group on Drug Use.

ENFORCEMENT

1. Data on drug seizures, which refer to the confiscation of illegal substances of any quantity made by a Toronto Police official, are provided by the Toronto Police Service. The most recent statistics reflect seizures for the 2003 calendar year. It is noted that seizures made at Pearson International Airport are not included in this report, as they are outside of the city of Toronto limits. However, it is noted by police sources that a high proportion of the drugs seized at the airport are intended for use in the city of Toronto.
2. Drug purity information is based upon Health Canada tests of seized substances. Updated purity data are not available for this report. This data is only available through December, 2000.

TREATMENT

1. Aggregate data which summarize all requests for substance abuse treatment information at provincially funded treatment centres in both Toronto, as well as for the rest of Ontario, are provided by The Drug and Alcohol Registry of Treatment (DART). A “treatment search” (a.k.a. treatment inquiry) is recorded when either (1) a professional calls DART, seeking drug treatment on behalf of an individual client; or (2) a member of the general public (substance user, family member or friend) requests such information. DART data describe all treatment searches between October 1, 1994 and September 30, 2003.

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2. Annual updates on methadone treatment in the province are provided by the College of Physicians and Surgeons of Ontario(CPSO).

LETHALITY AND MORTALITY

1. Lethality and mortality data are provided by the Office of the Chief Coroner of Ontario. These data include data on all “drug-factor deaths” in Toronto between January 1, 1986 through December 31, 2001, that is all coroner cases in which drugs or other commonly used substances were determined to have directly caused death.
2. The presence of a given drug in a coroner’s case does not mean that particular drug caused the death. For instance, between 1986 and 2001 there were 51 drug factor deaths in Toronto with positive findings for marijuana; each then was labeled a “marijuana-related death.” However, the label is somewhat misleading; in none of these cases was the death caused by marijuana alone. Other drugs were present at lethal levels in each of these 51 cases. In summary, a drug is “related” to a death simply by being present in a victim at the time of death from one or more drugs.
3. The cases under various drug categories are NOT mutually exclusive. For example, in 2001, 19 individuals died with cocaine in their systems, resulting in 19 “cocaine-related deaths.” Similarly, there were 36 individuals whose deaths were classified as “heroin-related” that same year. However, these two groups are NOT distinct; 7 individuals who died with BOTH drugs in their systems are counted in both sets of deaths. This is done to yield a count of the number of deceased who used each particular drug, an estimate of prevalence. It should be noted, therefore, that adding drug-related deaths of various categories will result in multiple counts of some individuals.
4. It is also noted that drug-factor deaths do not include individuals killed in crashes caused by driving under the influence of drugs unless

the drug, and not injuries from the accident, was the direct cause of death.

“We have to disabuse ourselves of the notion that jail is the answer for users. Neither short sentences, long sentences, nor uniformity (consistency) of sentencing mean anything to the user. We have to establish alternatives to imprisonment. The cyclical process must end. It is simply ineffective, costly, and unjust. We must come up with more options for assistance and treatment and more accessibility. Removing threats and fears from users would allow them to “come out of the closet” and, with some outreach mechanisms, would provide a variety of programs for treatment and ultimate harm reduction. The money spent on policing, sentencing, and serving time would be much better spent on curing the causes, rather than labouring over the symptoms.”

-quoting Vince Cain, (then) the chief coroner of the province of British Columbia, in “Report of the Task Force into Illicit Narcotic Overdose Deaths in British Columbia, September, 1994.”