2025 Opioid Surveillance Update

To:	Chair and Members of the Board of Health
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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- In 2025, opioid-related emergency department (ED) visit rates decreased in both Ontario and WDG. WDG's rate remains below the provincial average overall.
- Confirmed opioid-related mortality rates in WDG dropped by 57 percent from 2024 to 2025, reaching their lowest level since 2015. This local trend mirrors provincial declines.
- Fentanyl remains involved in most confirmed opioid-related deaths in WDG, though its involvement decreased in 2025 and is now below the provincial average.
- New analysis of naloxone administration shows that bystanders administered naloxone in most fatal drug poisoning cases where naloxone was used, reinforcing the importance of continued naloxone access and drug poisoning response training.
- Prescribed opioids for pain remain highest among older adults in WDG, with women more likely than men to be dispensed opioids across all age groups.
- The FAST Surveillance System continues to strengthen local monitoring capacity by integrating real-time information from community partners with confirmed surveillance data to support timely public health action.

Background

Opioid-related harms continue to be a significant public health concern across Ontario, including in Wellington County, Dufferin County and the City of Guelph (WDG).[1] This report provides Wellington-Dufferin-Guelph Public Health's (WDGPH) analysis of opioid-related trends in the region for the 2025 calendar year, building on the update presented to the Board of Health in September 2025 (BH.01.SEP0325.R24).[2] Using multiple data sources, the report describes local trends in opioid-related emergency department (ED) visits and mortality, comparing these local findings with provincial data to show how WDG compares with Ontario overall. New this year is an analysis of naloxone use in fatal drug poisonings across the region, an indicator not previously included in this reporting series. Monitoring these trends over time helps identify where opioid-related risks and impacts differ across WDG, supports efforts to improve health equity, and informs WDGPH's resource planning and public communication.

This work aligns directly with WDGPH's 2024-2028 Strategic Plan, particularly its commitments to improving health outcomes, reducing health inequities, and building strong community partnerships. These partnerships with local agencies and service providers remain essential to WDGPH's response to the ongoing and complex opioid crisis.

Discussion

Surveillance

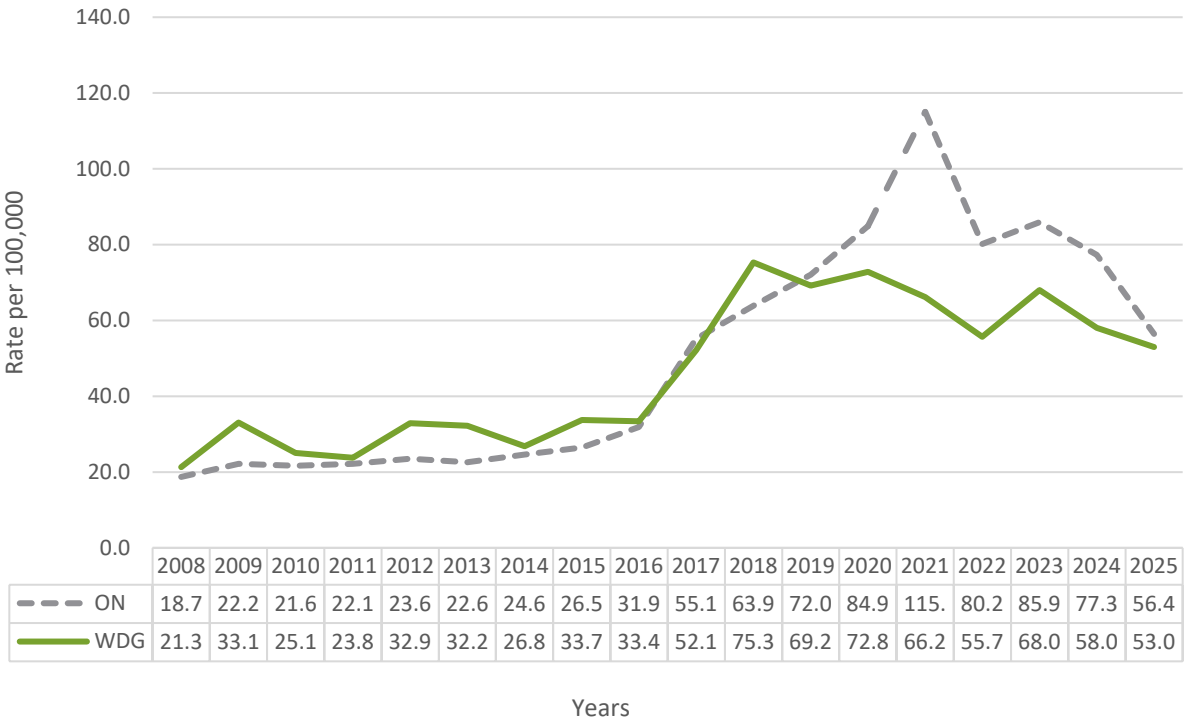
WDGPH's opioid surveillance work draws on several data sources, including hospital and emergency department records, mortality data, real-time paramedic data, and observations shared by community partners (using our internally developed FAST Surveillance System). Using multiple sources provides a more comprehensive picture of opioid-related harms and helps WDGPH identify changes in the unregulated drug supply and emerging risks as early as possible. *Appendix A* provides more detail on each data source. Please note that for this report, the two primary data sources used are emergency department (ED) visits and mortality data from the Office of the Chief Coroner of Ontario (OCCO).

All 2025 figures presented in this report are final except the population estimates used to calculate rates. The most recent population estimates available for WDG are from 2024 and were accessed through the Community Data Program.[3] As a result, 2024 population estimates were used as the denominator for 2025 rates. As a result, rates reported in future reports may change slightly once 2025 population estimates become available.

Opioid-Related Emergency Department (ED) Visits

Opioid-related ED visits continued to decline in 2025, both locally and provincially. In WDG, the rate decreased by 8.6 percent from the previous year to 53 visits per 100,000 residents. This marks the seventh consecutive year that WDG's rate has remained below the provincial average (Figure 1).

Figure 1 – Rate per 100,000 Residents of Opioid-Related Emergency Department (ED) Visits in WDG and Ontario, 2008-2025.

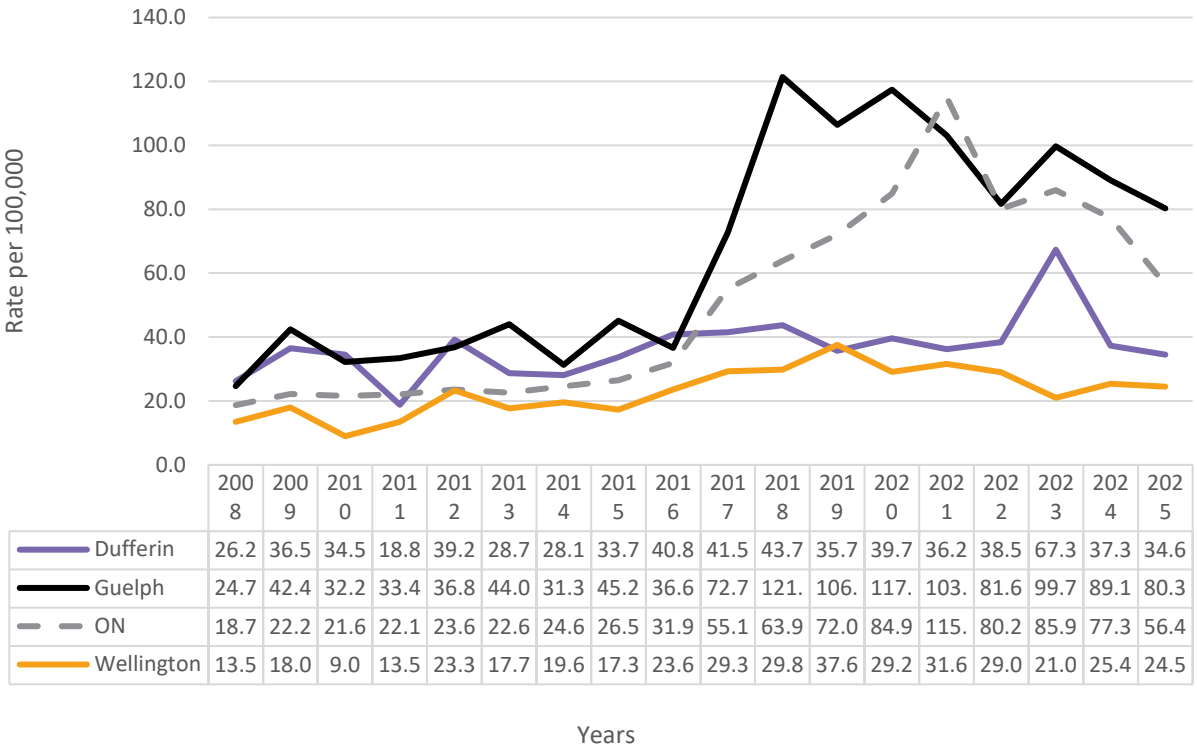


	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
ON	18.7	22.2	21.6	22.1	23.6	22.6	24.6	26.5	31.9	55.1	63.9	72.0	84.9	115.	80.2	85.9	77.3	56.4
WDG	21.3	33.1	25.1	23.8	32.9	32.2	26.8	33.7	33.4	52.1	75.3	69.2	72.8	66.2	55.7	68.0	58.0	53.0

Data Source – National Ambulatory Care Reporting System (NACRS), 2008-2025. Ontario Ministry of Health & Long-Term Care, IntelliHEALTH Ontario.

Guelph continues to account for a substantial share of the region's opioid-related ED visits. In 2025, Guelph's rate was 80.3 visits per 100,000 residents, approximately 42 percent higher than the provincial rate, despite declining by nearly 10 percent from 2024. Dufferin County continued to move down from its elevated 2023 rate, decreasing by a further 7.2 percent in 2025 and returning closer to its historical pattern. Wellington County again reported the lowest rate in the region, with a 3.5 percent decrease from the previous year (Figure 2).

Figure 2 – Rate per 100,000 Residents of Opioid-Related Emergency Department (ED) Visits in Wellington County, Dufferin County, the City of Guelph, and Ontario, 2008-2025.



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Dufferin	26.2	36.5	34.5	18.8	39.2	28.7	28.1	33.7	40.8	41.5	43.7	35.7	39.7	36.2	38.5	67.3	37.3	34.6
Guelph	24.7	42.4	32.2	33.4	36.8	44.0	31.3	45.2	36.6	72.7	121.	106.	117.	103.	81.6	99.7	89.1	80.3
ON	18.7	22.2	21.6	22.1	23.6	22.6	24.6	26.5	31.9	55.1	63.9	72.0	84.9	115.	80.2	85.9	77.3	56.4
Wellington	13.5	18.0	9.0	13.5	23.3	17.7	19.6	17.3	23.6	29.3	29.8	37.6	29.2	31.6	29.0	21.0	25.4	24.5

Data Source – National Ambulatory Care Reporting System (NACRS), 2008-2025. Ontario Ministry of Health & Long-Term Care, IntelliHEALTH Ontario.

These trends are encouraging but should be interpreted with care. Guelph's rate remains above the provincial average, indicating an ongoing need for targeted outreach, harm reduction and prevention efforts. Dufferin County's return to more typical levels is positive, though the reasons for the 2023 increase remain unclear.

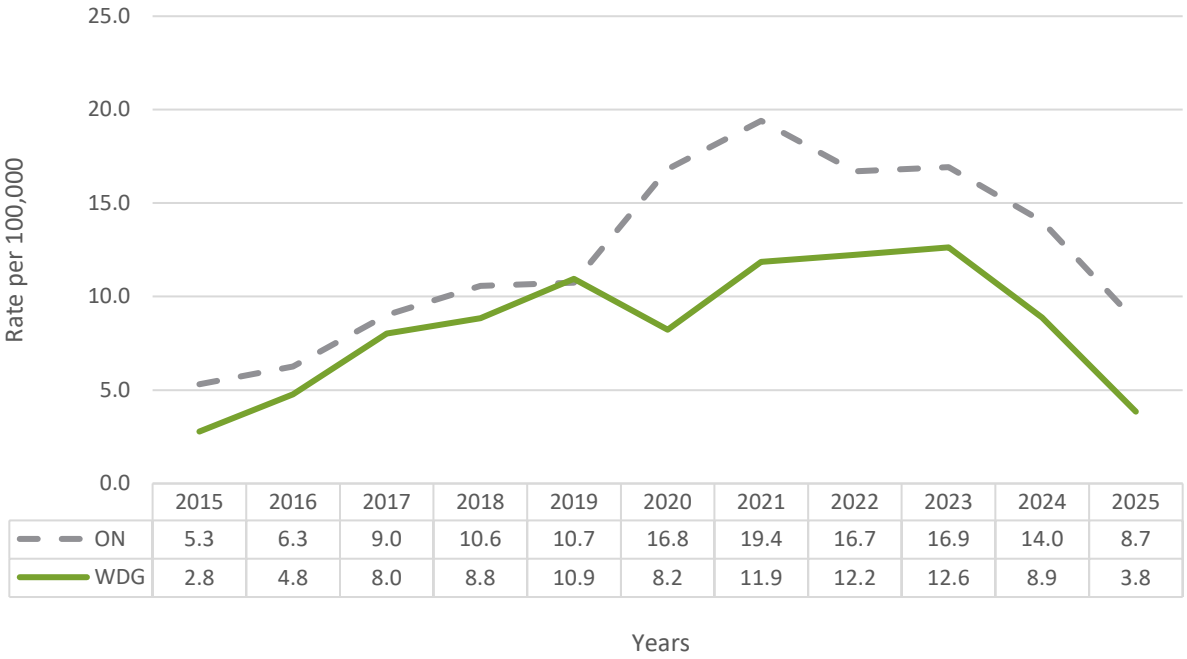
ED data should also be interpreted within the context of its limitations. Although these data are a reliable measure of healthcare utilization, they do not capture all opioid-related poisonings occurring in the community. Many people who experience a drug poisoning do not seek emergency medical care or decline transport to hospital after receiving on-site care. Barriers such as stigma, previous negative experiences with healthcare, and distrust of health and social service systems may contribute to these decisions.

Community organizations and bystanders may also respond to drug poisoning events, which can reduce the likelihood that emergency care is sought. As a result, ED data should not be interpreted as a measure of the total number of drug poisonings occurring in the community. Rather, they offer valuable insight into healthcare utilization and, in many cases, the more "severe" poisonings that require hospital-based care.

Opioid-Related Mortality

Like ED visits, opioid-related mortality also declined in 2025. WDG's opioid-related mortality rate decreased by 57 percent, from 8.9 to 3.8 deaths per 100,000 residents, reaching its lowest level since 2015. Ontario's rate also declined, decreasing by 38 percent to 8.7 deaths per 100,000 residents (Figure 3).

Figure 3 – Rate per 100,000 Residents of Opioid-Related Mortality in WDG and Ontario, 2015-2025.



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
ON	5.3	6.3	9.0	10.6	10.7	16.8	19.4	16.7	16.9	14.0	8.7
WDG	2.8	4.8	8.0	8.8	10.9	8.2	11.9	12.2	12.6	8.9	3.8

Data Source – Ontario Opioid-Related Death Database, 2015-2025. Office of the Chief Coroner for Ontario; accessed through the Interactive Opioid Tool.

Guelph, Dufferin County and Wellington County all reported fewer opioid-related deaths in 2025. Guelph's count decreased from 21 deaths in 2024 to seven in 2025, while Dufferin County decreased from six to three. Wellington County recorded three deaths for the second consecutive year. Overall, WDG recorded 13 opioid-related deaths in 2025, compared with 30 in 2024.

Private residences remained the most common location of opioid-related deaths. From 2018 to 2025, 75.7 percent of opioid-related deaths in WDG occurred in a private residence, compared with 69.7 percent provincially. Other locations represented much smaller shares locally, including hotels or motels (7.0%), outdoors (5.6%), congregate living settings (3.7%), shelters (3.3%), and public buildings (2.8%). This reinforces that opioid-related deaths in WDG are most often occurring indoors and in private settings, highlighting the ongoing risk associated with using drugs alone.

Fentanyl continued to be involved in the majority of deaths, although its share decreased from 84 percent in 2024 to approximately 62 percent in 2025. This placed WDG below the provincial rate of fentanyl involvement, which was 73 percent, for the first time in several years. *Appendices B, C, and D* provide further detail on death counts, locations, and fentanyl involvement.

These mortality findings should be interpreted cautiously. With 13 deaths recorded regionally in 2025, small changes in the number of deaths can result in large percentage changes. Sub-regional comparisons should therefore be read with this context in mind. Although Guelph's count declined substantially, it remained the highest in the region, pointing to a continued need for targeted supports in this region. The continued concentration of deaths in private residences also highlights the risk associated with using substances alone.

The mortality data in this report are based on confirmed opioid-related deaths from the OCCO. These data include toxicology findings that confirm whether opioids contributed to a death but are typically available three to six months after the death occurs.

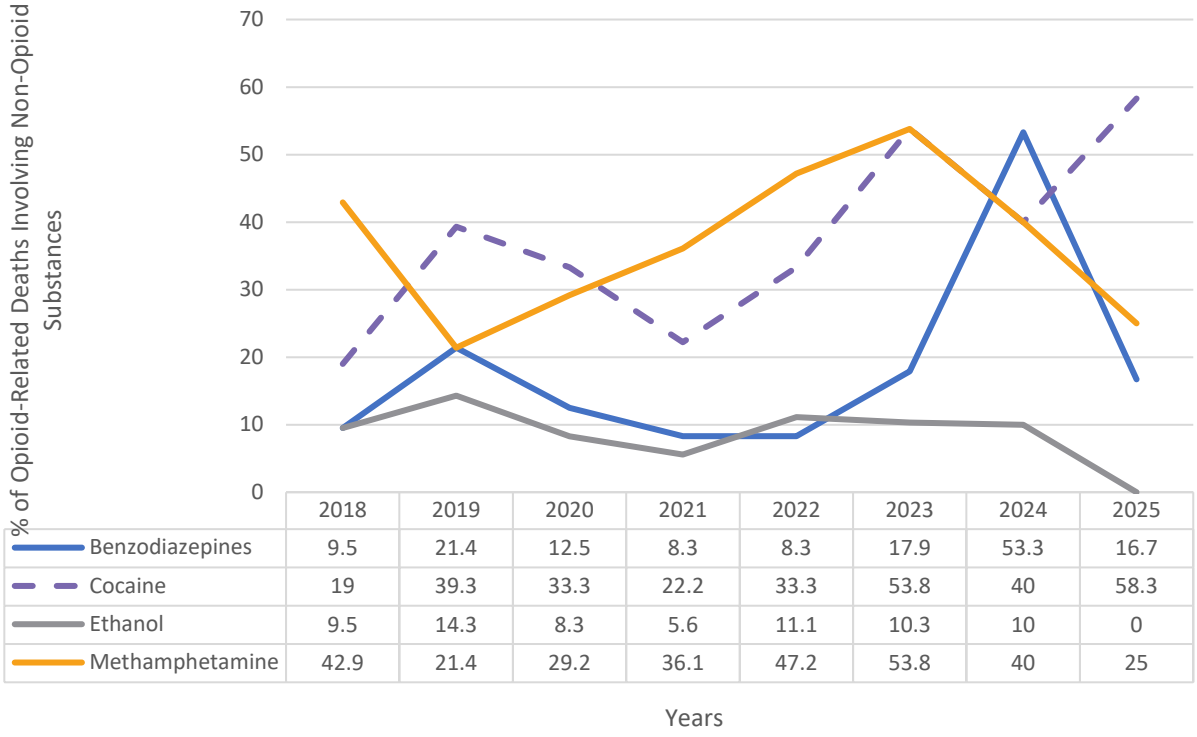
To support more timely surveillance, WDGPH also receives weekly preliminary information on suspected opioid-related deaths from the OCCO and incorporates these data into the FAST Surveillance System, along with reports from community partners such as paramedic services and police. Preliminary deaths are based on available evidence at the scene and may later be determined not to be opioid-related, once toxicology and investigative findings are complete. For example, preliminary surveillance identified an estimated 19 opioid-related deaths in WDG in 2025, while confirmed OCCO data identified 13.

This distinction helps explain why mortality counts used in FAST-informed health alerts or media updates may differ from the confirmed counts presented in this report. FAST supports timely situational awareness and public health alerts, while confirmed OCCO data are used for accurate annual trend reporting. Confirmed opioid mortality data also captures deaths only where opioids contributed, meaning fatal poisonings involving only non-opioid substances would not be included.

Emerging Risks: Sedatives & Tranquilizers

The involvement of non-opioid substances in opioid-related deaths continued to shift in 2025. Cocaine was the most commonly identified non-opioid substance, present in 58.3 percent of opioid-related deaths, up from 40 percent in 2024. Benzodiazepine involvement decreased substantially, from 53.3 percent in 2024 to 16.7 percent in 2025. Methamphetamine involvement also declined, from 40 percent to 25 percent, and ethanol was not detected in any local opioid-related deaths in 2025, compared with 10 percent in 2024 (Figure 4). Together, these changes point to the continued instability of the unregulated drug supply rather than a consistent trend involving any single substance.

Figure 4 – Percentage of Opioid-Related Deaths Involving Non-Opioid Substances in WDG, 2018-2025.



	2018	2019	2020	2021	2022	2023	2024	2025
Benzodiazepines	9.5	21.4	12.5	8.3	8.3	17.9	53.3	16.7
Cocaine	19	39.3	33.3	22.2	33.3	53.8	40	58.3
Ethanol	9.5	14.3	8.3	5.6	11.1	10.3	10	0
Methamphetamine	42.9	21.4	29.2	36.1	47.2	53.8	40	25

Data Source – Ontario Opioid-Related Death Database, Office of the Chief Coroner for Ontario; accessed through Public Health Ontario Quarterly Public Health Unit Opioid-Related Death Report.

Veterinary sedatives such as xylazine and medetomidine, which may be mixed with fentanyl in substances sometimes referred to as “tranq-dope,” remain an emerging concern. These substances can suppress breathing and heart rate, and their effects are not reversed by naloxone.[4] Although they were not showcased in Figure 4 via the OCCO, drug checking data from Toronto show that veterinary tranquilizers are now detected in most expected fentanyl samples.[5] Between January and June 2026, medetomidine was identified in 81 percent of expected fentanyl samples, while veterinary tranquilizers overall (i.e., medetomidine, xylazine) were detected in approximately 84 percent of samples as of June 2026.[5] This trend highlights the rapidly changing unregulated drug supply and underscores the importance of continued toxicology surveillance and timely community alerts.

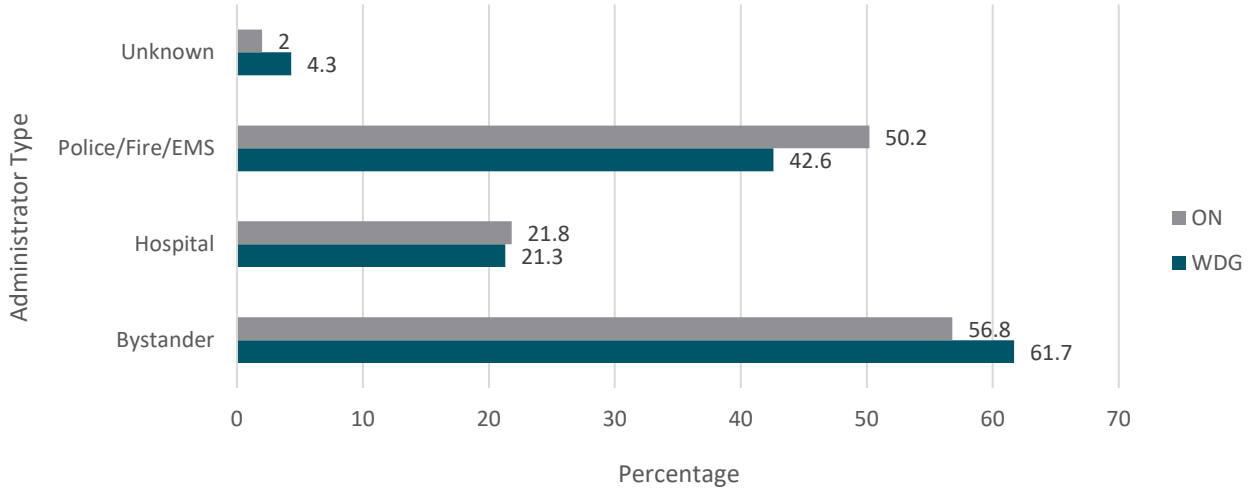
Naloxone Administration in Fatal Drug Poisonings

This year’s report includes a new indicator: naloxone administration in fatal opioid-related poisonings between 2018 and 2025. This information adds important context to the substance involvement data, as naloxone can reverse opioid effects but does not reverse the effects of sedatives such as xylazine or medetomidine.

Between 2018 and 2025, naloxone was confirmed to have been used in 20.8 percent of WDG's opioid-related deaths, slightly below the provincial rate of 25.6 percent. Naloxone was not used in the majority of cases: 64.2 percent locally and 55.9 percent provincially. Use was unrecorded or unknown in the remaining cases: 15.0 percent locally and 18.5 percent provincially. See *Appendix E* for a visual representation.

When naloxone was used, bystanders administered it in most WDG cases (Figure 5). Bystanders were involved in 67.1 percent of WDG cases where naloxone was used, compared with 56.8 percent provincially. Police, fire, and emergency medical services administered naloxone in 42.6 percent of WDG cases, compared with 50.2 percent provincially. Hospital staff were involved in 21.3 percent of WDG cases, similar to the provincial rate of 21.8 percent. Because more than one responder may administer naloxone during a single poisoning event, these categories total more than 100 percent.

Figure 5 – Naloxone Administrator in Opioid-Related Deaths, WDG and Ontario, 2018-2025.



Data Source – Ontario Opioid-Related Death Database, Office of the Chief Coroner for Ontario; accessed through Public Health Ontario Quarterly Public Health Unit Opioid-Related Death Report.

The bystander data are particularly important. Peers, family members, and others nearby are already playing a major role in drug poisoning response, reinforcing the value of making naloxone and naloxone training widely available to people most likely to be present during a drug poisoning. At the same time, naloxone was not used in nearly two-thirds of deaths and does not address harms caused by non-opioid sedatives. This demonstrates that naloxone access is essential but not sufficient on its own.

Opioid Prescription & Dispensing

Opioid dispensing patterns remained relatively stable in 2025. Older adults, particularly those aged 65 years and older, continued to be dispensed opioids for pain at the highest rates in the region. Among this age group, the rate was 174.4 per 1,000 for women aged 65 and older, and 165.8 per 1,000 for men aged 65 and older. Adults aged 45 to 64 were also dispensed opioids at higher rates than younger adults. Across all age groups, women were more likely than men to be dispensed an opioid. Ontario showed a similar pattern. The increasing prevalence of chronic pain with age likely explains part of this difference.[6,7] *Appendix F* provides the full age and sex breakdown.

Appendix G shows that the overall opioid dispensing rate has declined in both WDG and Ontario since 2015. In 2025, the rate was 84.8 per 1,000 residents in WDG and 83.5 per 1,000 residents in Ontario, representing decreases of approximately 30 percent and 31 percent, respectively, over the past decade.

Appendix H presents total dispensing volume rather than the number of people dispensed opioids. This measure also shows a downward trend. In WDG, total dispensing volume decreased by almost 10 percent from 2024 to 2025, while Ontario's volume remained relatively stable, decreasing by less than 0.5 percent. WDG has consistently remained slightly above the provincial average on this measure, although the gap has remained narrow.

FAST Surveillance System

The FAST Surveillance System, owned and operated by WDGPH, is a key component of the region's drug surveillance program.[8] It combines reports of suspected drug poisonings and mortality from various community partners, including paramedic services, police, community health centres, and harm reduction organizations, with preliminary information received through the OCCO.

FAST data are used to inform local situational awareness and support timely public health alerts issued in collaboration with the Wellington-Guelph Drug Strategy.[8] Active attempts are underway to strengthen collaboration between the two counties to ensure surveillance is strong beyond the City of Guelph.

FAST data should be interpreted alongside, but not directly compared with, ED data because the two systems capture different types of information. ED data include confirmed opioid-related visits to hospital emergency departments, while FAST captures preliminary reports of suspected drug poisonings from community partners, including incidents that may not involve opioids or result in hospital care. In 2025, FAST recorded 469 suspected drug poisoning incidents across WDG, compared with 179 confirmed opioid-related ED visits (or 53 opioid-related ED visits per 100,000 residents) in WDG.

FAST also identified recent increases in suspected drug poisonings, including 78 incidents in September 2025 and 92 incidents in May 2026. These trends helped to inform three health alerts each in 2025 and 2026 as of July 1, 2026. While ED data provide reliable information on healthcare utilization and longer-term trends (with provincial comparison), FAST helps identify emerging local patterns more quickly and supports timely public health action.

Supporting Local Drug Strategies

WDGPH continues to support the region's two local drug strategies: the Wellington-Guelph Drug Strategy (WGDS) and the Dufferin-Caledon Drug Strategy (DCDS). Both strategies play an important role in coordinating community-wide responses to drug-related harms. In Dufferin-Caledon, WDGPH continues to co-chair the DCDS alongside Family Transition Place. Through this role, WDGPH supports harm reduction messaging, partner coordination and community events connected to Drug Poisoning Awareness Day.

WDGPH also continues to provide educational sessions such as naloxone and substance use stigma training to various organizations throughout WDG.

Health Equity Implications

Some populations face greater barriers to preventing and responding to opioid-related harms, including people who experience stigma, unstable housing, poverty, social isolation, or distrust of health and social service systems. These barriers may reduce access to harm reduction and treatment programs or make individuals less likely to seek emergency care following a drug poisoning.

WDGPH works with community partners to reduce these inequities by strengthening surveillance systems, supporting timely drug alerts, promoting naloxone access and training, working with those with lived experience to inform programming, and contributing to local drug strategies that improve coordination across the region. These activities help ensure that public health actions are responsive to emerging risks and support populations experiencing the greatest burden of opioid-related harms.

Conclusion

Opioid-related harm remains a significant public health issue in WDG. In 2025, several key indicators improved, including fewer opioid-related emergency department visits, fewer confirmed opioid-related deaths and lower fentanyl involvement in deaths.

While these trends are encouraging, they should be interpreted cautiously. Small local numbers can produce large percentage changes, and the continued evolution of the unregulated drug supply highlights the need for ongoing vigilance.

Through continued surveillance, collaboration with community partners, and evidence-informed action, WDGPH will continue to monitor emerging risks, support harm reduction efforts, and improve health outcomes across the region. This work reflects WDGPH's 2024-2028 Strategic Plan by advancing health equity, strengthening partnerships, and helping communities respond to current and emerging health risks. WDGPH will provide an updated report to the Board in 2027.

Ontario Public Health Standards

Foundational Standards

- ☒ Population Health Assessment
- ☒ Health Equity
- ☒ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☐ Healthy Growth and Development
- ☐ Immunization
- ☐ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☐ School Health
- ☒ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in WDGPH's 2024-2028 Strategic Plan.

☒ Improve health outcomes

☐ Focus on children's health

☒ Build strong partnerships

☒ Innovate our programs and services

☐ Lead the way toward a sustainable Public Health system

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Appendices

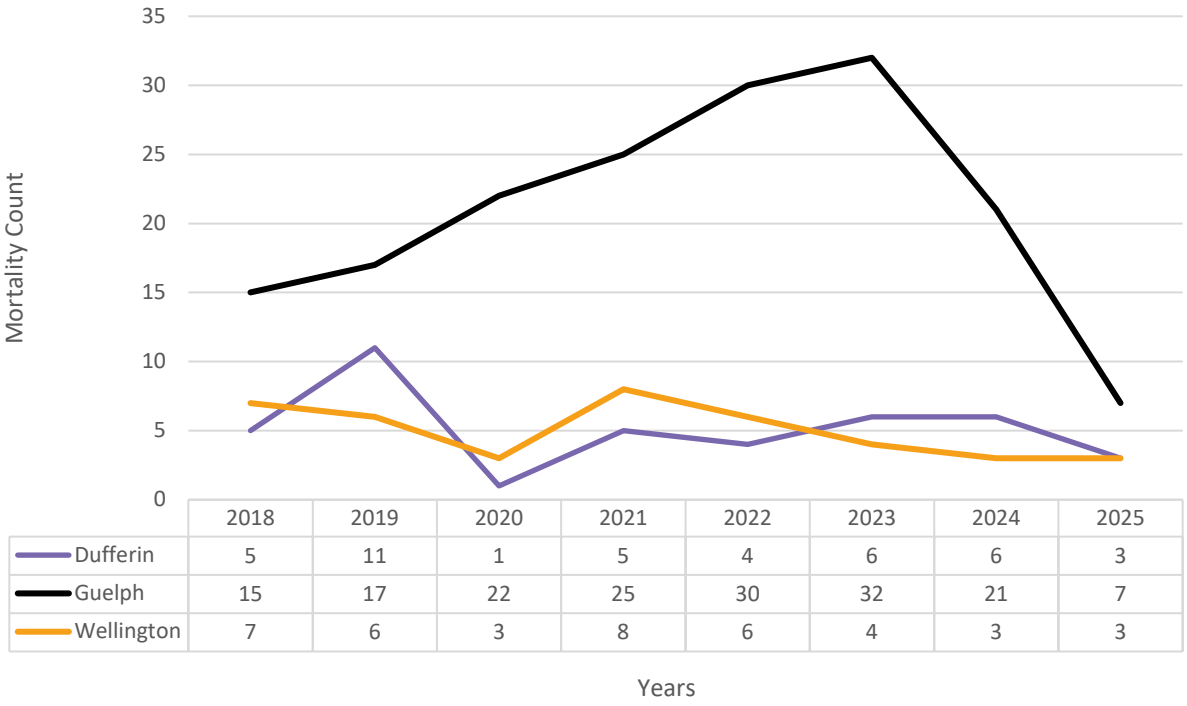
Appendix A

Table A – Surveillance Data Sources Used by WDGPH for Opioid/Drug Monitoring.

Data Source	Description
Discharge Abstract Database (DAD)	Hospitalization records; high quality data with detailed geographic granularity.
Emergency Medical Services (EMS)	Incident-level data from emergency responders, capturing real-time drug poisoning events.
Office of the Chief Coroner of Ontario (OCCO)	Preliminary opioid-related death data to confirmed opioid-related deaths. Confirmed data provides toxicology details (but 3-6 months behind); preliminary does not but is timely (1-2 weeks behind).
National Ambulatory Care Reporting System (NACRS)	Confirmed emergency department visit data, used for longitudinal tracking.
NACRS Plus	Preliminary emergency department data; offers more timely but less validated reporting.
Ontario Drug Policy Research Network (ODPRN)	Provides supplementary data on drug use, including select public health indicators (e.g., opioid dispensing in volume).
FAST Surveillance System	Real-time local data on drug poisoning incidents and/or associated deaths; supporting immediate situational awareness.

Appendix B

Figure A – Count of Opioid-Related Mortality in the WDG Sub-Regions, 2018-2025.



	2018	2019	2020	2021	2022	2023	2024	2025
Dufferin	5	11	1	5	4	6	6	3
Guelph	15	17	22	25	30	32	21	7
Wellington	7	6	3	8	6	4	3	3

Data Source – Ontario Opioid-Related Death Database (Deaths by CSD), 2018-2025. Office of the Chief Coroner for Ontario (OCCO).

Appendix C

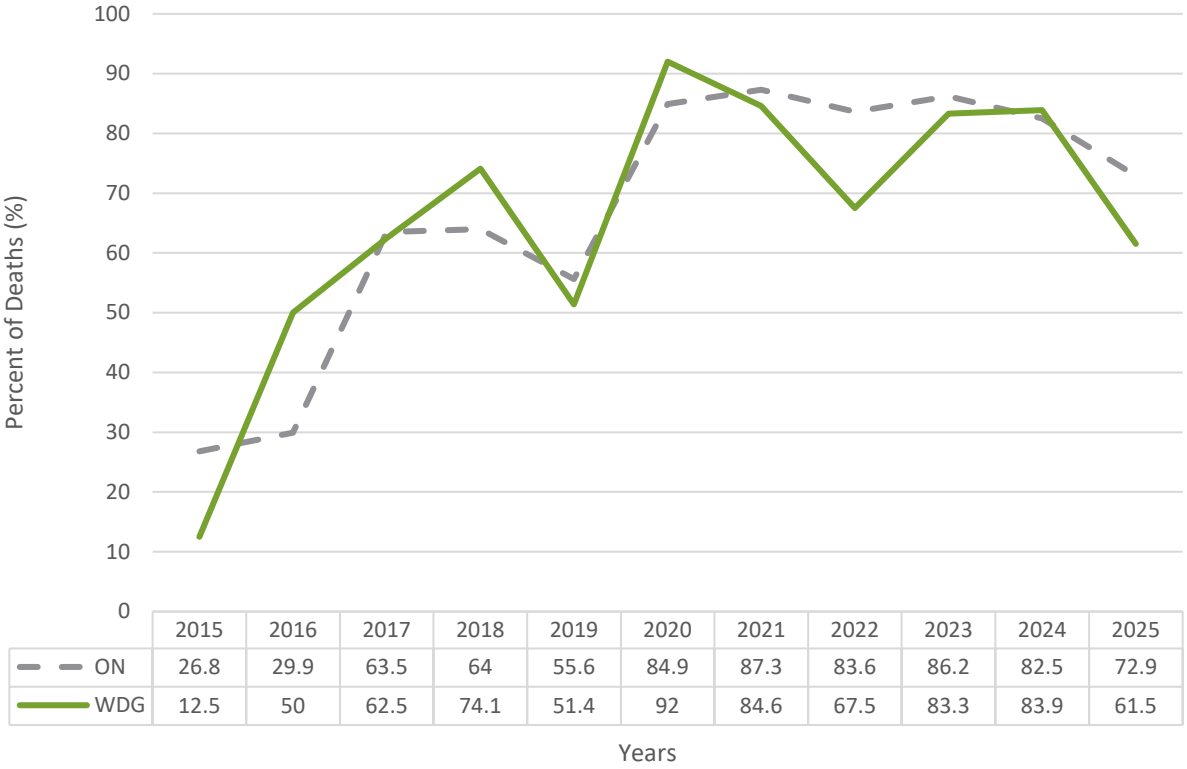
Table B – Percentage of Opioid-Related Deaths Occurring by Location Type in Ontario and WDG, 2018-2025 Inclusive.

Location	% of Opioid-Related Deaths (ON)	% of Opioid-Related Deaths (WDG)
Congregate Living	6.2	3.7
Correctional Facility	0.7	0.9
Hospital/Clinic	1.6	0.0
Hotel/Motel	4.9	7.0
Vehicle	1.0	0.5
Industrial Setting	0.2	0.5
Other	0.8	0.0
Outdoors	8.4	5.6
Private Residence	69.7	75.7
Public Building	2.8	2.8
Shelter	3.2	3.3
Unknown	0.6	0.0

Data Source – Ontario Opioid-Related Death Database, 2018-2025. Office of the Chief Coroner for Ontario (OCCO); accessed through Public Health Ontario (PHO) Quarterly Public Health Unit Death Report.

Appendix D

Figure B – Percent of Opioid-Related Deaths by Fentanyl and its Analogues in WDG and Ontario, 2015-2025.

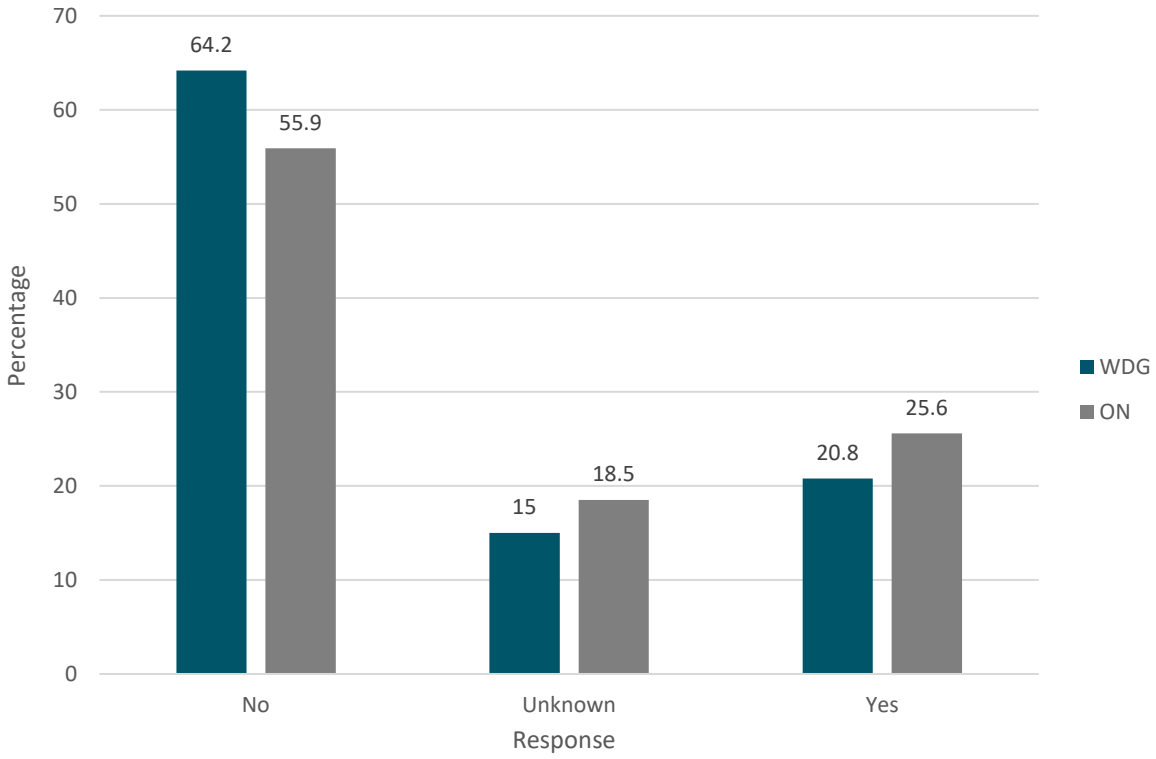


	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
ON	26.8	29.9	63.5	64	55.6	84.9	87.3	83.6	86.2	82.5	72.9
WDG	12.5	50	62.5	74.1	51.4	92	84.6	67.5	83.3	83.9	61.5

Data Source – Ontario Opioid-Related Death Database, 2015-2025. Office of the Chief Coroner for Ontario (OCCO); accessed through the PHO Interactive Opioid Tool.

Appendix E

Figure C – Naloxone Administration in Confirmed Opioid-Related Deaths, WDG and Ontario, 2018-2025.

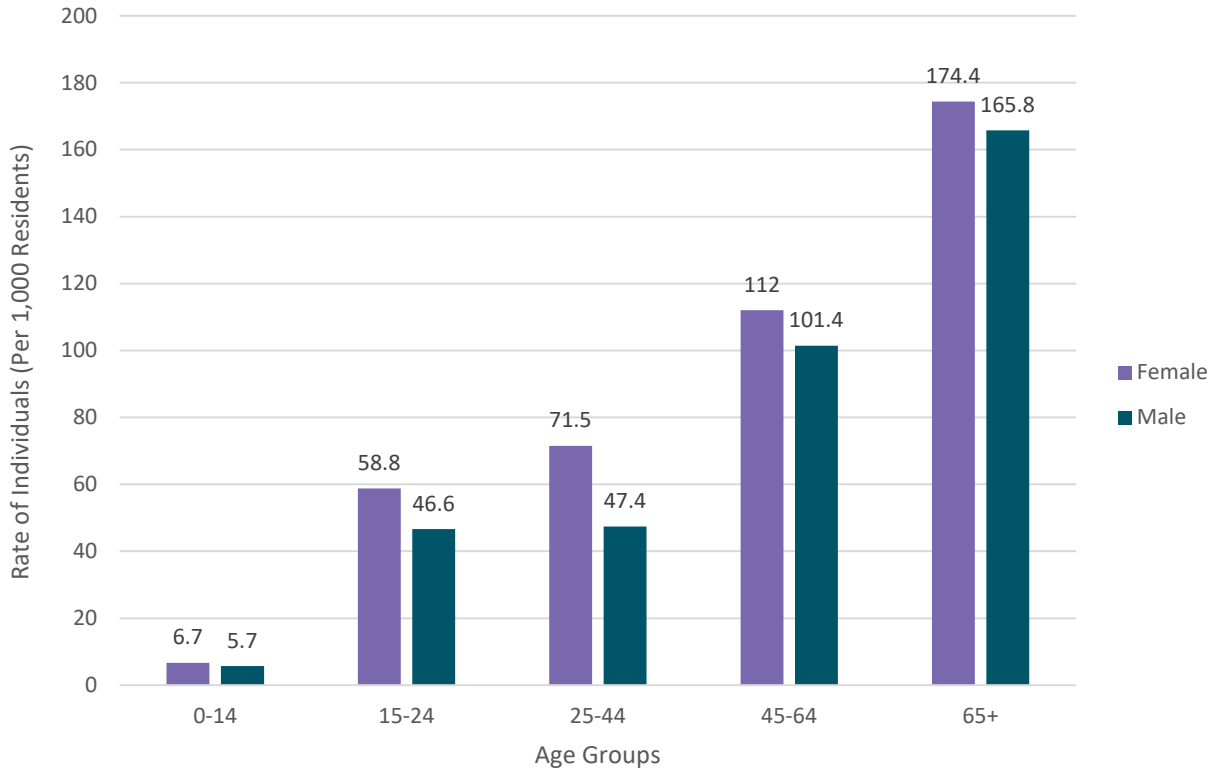


Data

Source – Ontario Opioid-Related Death Database, Office of the Chief Coroner for Ontario; accessed through Public Health Ontario Quarterly Public Health Unit Opioid-Related Death Report.

Appendix F

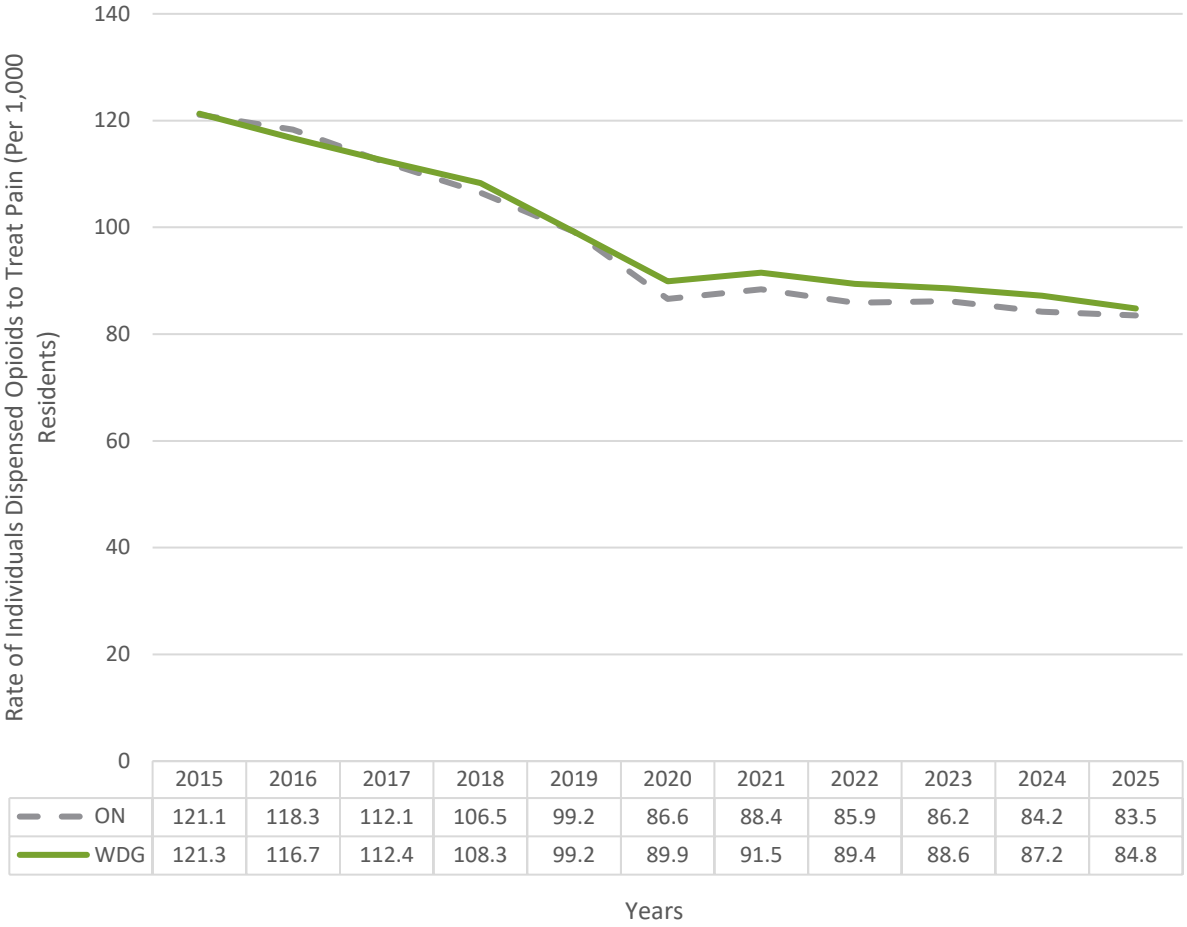
Figure D – Rate of Individuals per 1,000 Residents Dispensed Opioids to Treat Pain in WDG, by Age Group, 2025.



Data Source – Ontario Drug Policy Research Network (ODPRN). Ontario Opioid Indicator Tool.

Appendix G

Figure E – Yearly Rate of Individuals Being Prescribed an Opioid to Treat Pain, 2015-2025.

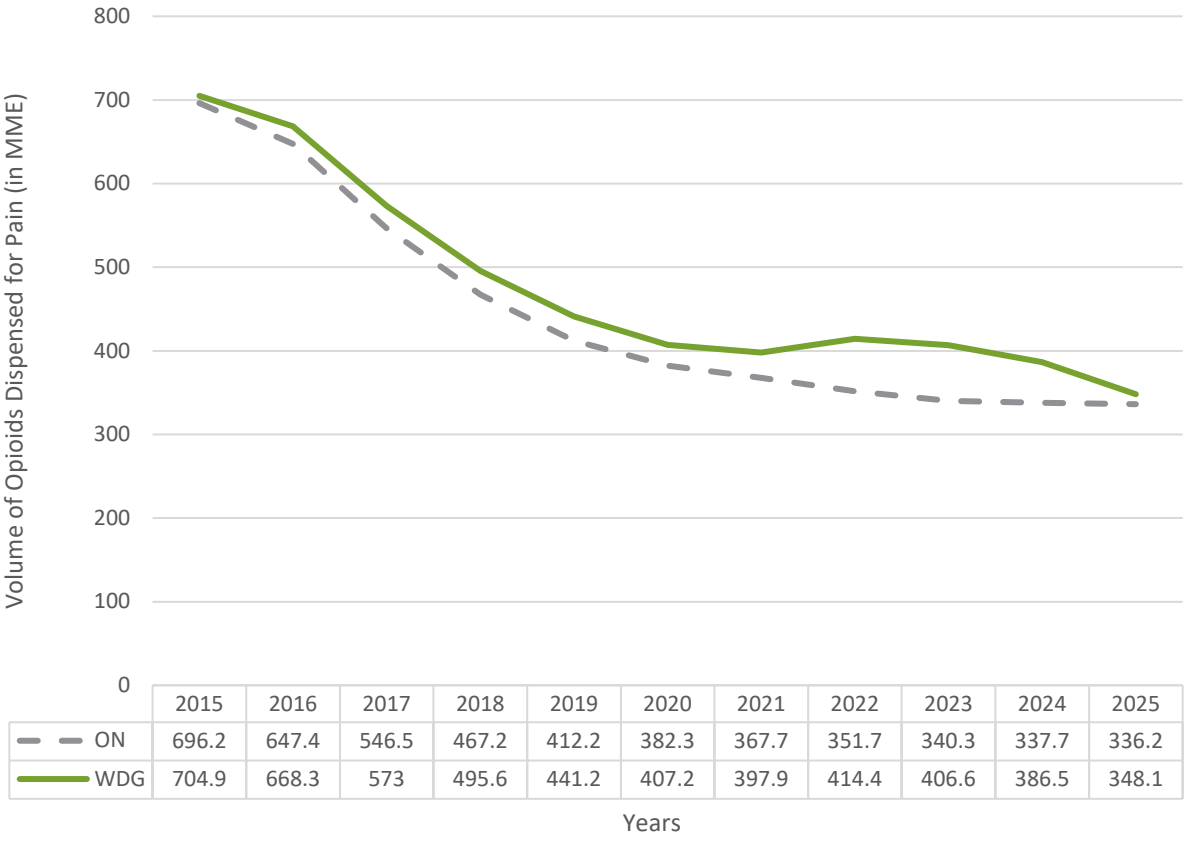


	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
ON	121.1	118.3	112.1	106.5	99.2	86.6	88.4	85.9	86.2	84.2	83.5
WDG	121.3	116.7	112.4	108.3	99.2	89.9	91.5	89.4	88.6	87.2	84.8

Data Source – Ontario Drug Policy Research Network (ODPRN). Ontario Opioid Indicator Tool.

Appendix H

Figure F – Annual Opioid Dispensing Volume for Pain Management (in MME), 2015-2025.



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
ON	696.2	647.4	546.5	467.2	412.2	382.3	367.7	351.7	340.3	337.7	336.2
WDG	704.9	668.3	573	495.6	441.2	407.2	397.9	414.4	406.6	386.5	348.1

Data Source – Ontario Drug Policy Research Network (ODPRN). Ontario Opioid Indicator Tool.