Canadian Centre on Substance Use and Addiction

Substance Use Trends in Canada

Issue No. 7, Part 1

Stimulant Use and Related Harms in Canada: Recent Trends

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About This Issue

Stimulants are psychoactive substances that increase activity of the central nervous system (CNS). Some stimulants, such as pseudoephedrine or methylphenidate (Ritalin®), are used as medication. Others, such as cocaine and methamphetamine, are not recognized for medical use.[1] This issue focuses mainly on cocaine and methamphetamine.

In Canada, opioids remain the primary focus of the toxic drug supply crisis. However, stimulants such as cocaine and methamphetamine have played, and continue to play, an increasingly significant role in substance-related harms across many regions of the country (e.g., New Brunswick and Newfoundland and Labrador).

This issue of *Substance Use Trends in Canada* is the first of a two-part series. Part 1 presents updated national and regional data on stimulant use and related harms, building on the most recent stimulant bulletin published in 2022.[2] Part 2 examines key factors driving stimulant use across Canada, including changes in supply and market dynamics and intentional stimulant use for a range of reasons, such as perceived safety compared with opioids. It also looks at evolving patterns of polysubstance use involving stimulants and opioids, including the initiation of stimulant use alongside opioids rather than complete switching between the two. Part 2 further explores what these trends mean for different groups of people, as well as responses that have been implemented or are being considered to reduce harms.

Need to Know

- In Canada, the crude rate of apparent stimulant toxicity deaths more than doubled, from 7.6 per 100,000 people in 2018 to 16.4 per 100,000 in 2024.
- At the national level, these deaths continue to occur more often among males than females and among people aged 30 to 39. Rates vary across regions.
- Stimulant use is increasingly reported among people who are unhoused, people engaged in survival sex work, people who have experienced significant trauma and people with a history of incarceration.
- From 2007 to 2024, polysubstance toxicity increased substantially. In 2024, more than 75% of toxicity deaths involved more than one substance.
- Among samples seized by law enforcement and submitted to Health Canada's Drug Analysis Service (DAS), stimulants continue to be detected most frequently. Of samples submitted between January and October of 2025, cocaine was detected more often than methamphetamine.

[1] Canadian Centre on Substance Use and Addiction. (2019). *CCENDU bulletin: Changes in stimulant use and related harms: Focus on methamphetamine and cocaine*.
[2] Canadian Centre on Substance Use and Addition. (2022). *CCENDU bulletin: An update on stimulant use and related harms in Canada and the United States*.

- The main harms and adverse effects reported in relation to stimulant use are cardiovascular events, such as myocardial infarction, cardiac arrythmias, cardiomyopathy, hypertension and coronary artery disease. In contrast, the primary harm associated with opioid use is respiratory depression.
- Other adverse effects of stimulant use reported across all participating regions include stimulant-induced psychosis, such as hallucinations and delusions, as well as anxiety, panic attacks, severe agitation and insomnia or sleep deprivation.
- Stimulant use is often associated with less engagement in healthy daily habits, including eating regularly, drinking enough water, sleeping and maintaining hygiene.
- People with pre-existing conditions may be more susceptible to certain stimulant-related harms, such as seizures, following acute or prolonged use.
- Methamphetamine is the most heavily stigmatized stimulant, followed by crack cocaine and then powdered cocaine.

Data Sources

To gather information for this issue, we reached out to the Canadian Community Epidemiology Network on Drug Use (CCENDU). The network represents about 81 organizations across 10 provincial nodes (sites) and has about 150 members, including epidemiologists, physicians, forensic pharmacologists, policy analysts, program managers, scientific advisers, researchers, public health officers, police service members, government officials and people with lived and living experience of substance use.

We also consulted the National Drug Checking Working Group (NDCWG), which has more than 60 active members from 40 organizations, including about 20 community-based organizations. We also collected data from the Public Health Agency of Canada (PHAC), Statistics Canada, Health Canada's DAS, and the National Wastewater Drug Surveillance (NWDS) initiative,[3] as well as media reports published in October 2025. This issue summarizes information from these sources by region.

To better understand recent trends in stimulant use and related harms, seven participating CCENDU nodes collected information from local partners and networks. Five participating NDCWG members provided data from their respective services. Regional information from both networks is supplemented with Health Canada's DAS data and NWDS data. We collated media mentions through manual online searches of news releases and media coverage.

[3] Data for the NWDS initiative were collected from January to December 2023 and from April 2024 to July 2025.

National Landscape

Prevalence of Use

Data from the Canadian Substance Use Survey (CSUS) show that in 2023, 2.7% of the general population reported using cocaine or crack in the past year, and 0.5% reported using illegal amphetamines or methamphetamine. Past-year use of these stimulants varied across some demographic groups. For example, reported cocaine or crack use in the past 12 months was higher among people who identified as another gender (5.4%) than among men (3.2%) or women (2.2%),[4] among people who identified as Two-Spirit, lesbian, gay, bisexual, transgender, or queer (2SLBGTQ+) (6.6%) than those who did not (2.3%), and among people experiencing housing insecurity (7.5%) than those who were not experiencing housing insecurity (2.6%). Similar patterns were observed for amphetamine and methamphetamine use.

Among youth, data from the Canadian Student Alcohol and Drugs Survey show that in the 2023–2024 school year, 1.2% of students in Grades 7 to 12 reported using cocaine in the past year, and 1.0% reported using illegal amphetamines. In addition, data from the Canadian Postsecondary Education Alcohol and Drug Use Survey show that in the 2021–2022 school year, 4.2% of post-secondary students reported using cocaine or crack, 0.8% reported using non-prescription amphetamines, and 0.2% reported using methamphetamine.

However, Canadian self-report surveys tend to underrepresent people at highest risk of stimulant-related harms. This underrepresentation is likely related to stigma associated with stimulant use and challenges in reaching people who use illegal substances. Other data show much higher rates of stimulant use among people who use other drugs, particularly among those who use opioids. Findings from the 2023 Community Urinalysis and Self-Report Project, which examined people accessing harm reduction services across Canada, show that stimulants were the substances most frequently reported by participants. Reported use ranged from 40% to 80% across regions, and the type of stimulant reported varied across the country.

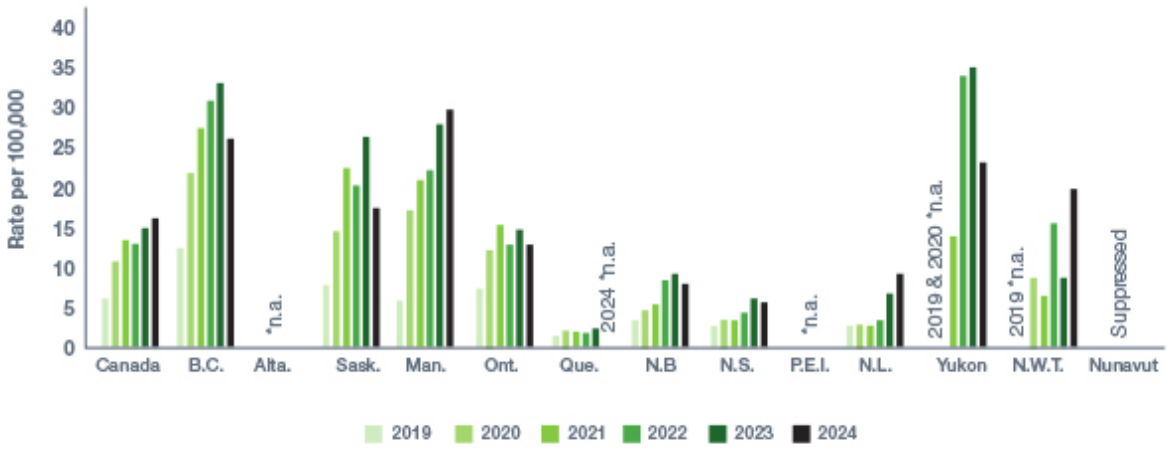
Mortality Trends

Recent data from PHAC suggest that some regions in Canada, including Manitoba, Newfoundland and Labrador, and the Northwest Territories, saw increases in stimulant-related deaths between 2023 and 2024 (refer to Figure 1). In other regions where deaths decreased over this period, including British Columbia, Saskatchewan, Ontario, New Brunswick and Nova Scotia, rates of stimulant-related deaths in 2024 remained higher than in 2018.

[4] In the 2023 Canadian Substance Use Survey, respondents who selected “another gender” reported identities including non-binary, agender, gender neutral, gender fluid, gender queer and questioning.

Stimulants are also contributing to increased deaths, with or without the involvement of other substances, in regions that previously had comparatively low stimulant-related mortality, such as Newfoundland and Labrador.

Figure 1. Crude rate of apparent stimulant-related toxicity deaths, 2019–2024, by region*



Source. Opioid and stimulant-related harms in Canada (PHAC)

Note

*Apparent stimulant toxicity deaths are defined as deaths in which one or more of the substances involved was a stimulant. For details on the methods used, refer to Opioid- and Stimulant-related Harms in Canada: Technical Notes.

Nationally, mortality data from the Vital Statistics database show a clear and sustained rise in the proportion of unintentional substance toxicity deaths involving cocaine, other CNS stimulants (e.g., methamphetamine) or both between 2007 and 2024.[5,6] This increase is driven largely by a sharp rise in deaths in which other CNS stimulants were detected, suspected to be primarily methamphetamine. These deaths increased from just over 5% of unintentional toxicity deaths in 2007 to 48% in 2024.

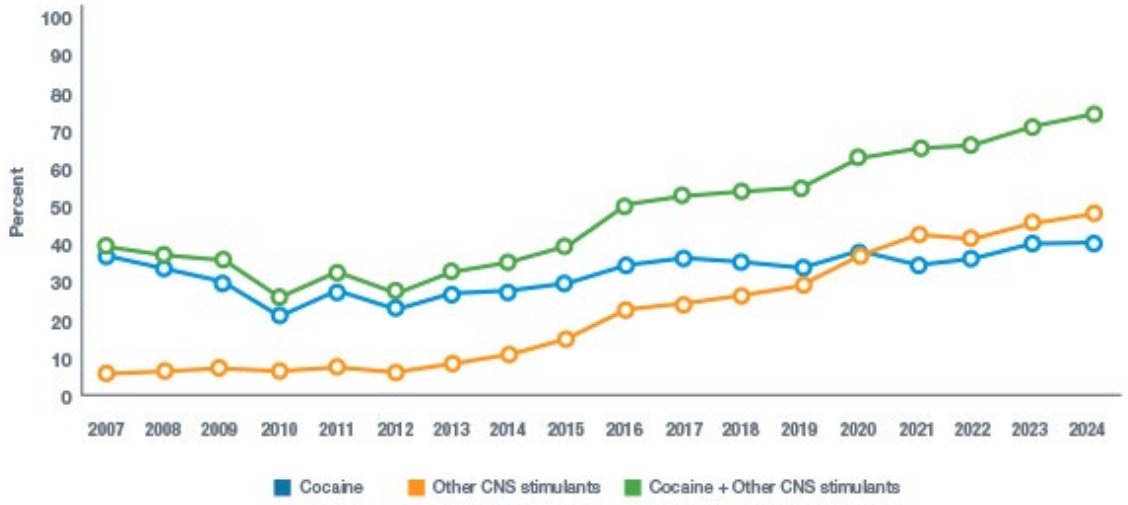
These trends reflect both stimulant-only deaths and a substantial increase in polysubstance use, defined as the use of more than one substance either at the same time or over time. In these cases, stimulants were identified as one or more of the substances involved (refer to Figure 2).

[5] Death data are drawn from Statistics Canada's Multiple Cause of Death files. Information on a single underlying cause of death is provided. Causes of death are classified using the World Health Organization's *International Statistical Classification of Diseases and Related Health Problems* (ICD-10). Unintentional substance toxicity deaths include ICD-10 codes X41 toX45. Additional methodological details are available in Polysubstance use poisoning deaths in Canada: An analysis of trends from 2014 to 2017 using mortality data.

[6] Data obtained for this request did not distinguish methamphetamine from other stimulants. As a result, the category "other CNS stimulants" include amphetamine, methamphetamine and ecstasy. However, available evidence suggests that these deaths are likely related to methamphetamine.

Vital Statistics data also show a marked increase in deaths involving more than one substance, rising from 33% in 2007 to more than 75% in 2024. In 2007, when deaths were more likely to involve a single substance, cocaine accounted for 20% of unintentional toxicity deaths, other stimulants for 2% and opioids for 35%. By 2024, when only about one-quarter of unintentional substance-related toxicity deaths involved a single substance, much smaller proportions were attributed to cocaine (6%), other stimulants (5%) or opioids (9%) alone. This shift illustrates the growing role of toxicity involving multiple substances in the current landscape.

Figure 2. Percentage of substance toxicity deaths* with cocaine† or other CNS stimulants detected, 2007–2024‡



Source. Vital statistics database (Statistics Canada)

Notes

*Substance toxicity deaths include alcohol, opioids, other CNS depressants and other CNS stimulants.
†Cocaine and other CNS stimulants are not mutually exclusive.
‡Death data for 2024 are incomplete.

Co-detection of Opioids and Stimulants

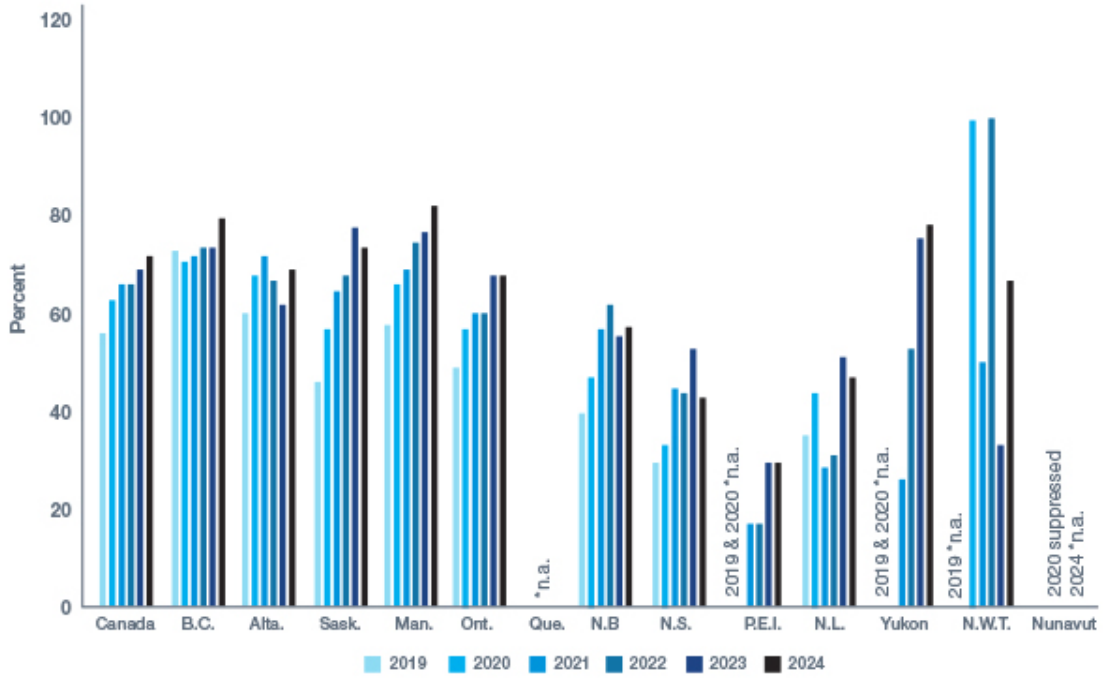
Over time, the co-detection of stimulants and opioids among people who have died from drug toxicity has increased. [7,8] Nationally, in 2024, nearly three-quarters (72%) of opioid-related toxicity deaths involved stimulants, up from 56% in 2018 (refer to Figure 3 and Table 1). Similarly, more than three-quarters (77%) of stimulant-related toxicity deaths involved opioids.

[7] Health Canada. (2024). Multi-drug combinations in national apparent opioid and stimulant toxicity deaths.
[8] Raza, S.Z., Whitten, C., Randell, S., Sparkes, B., & Denic, N. (2025). Polysubstance toxicity deaths in Newfoundland and Labrador: a retrospective study.

Research shows that deaths involving both opioids **and** stimulants are similar to opioid-only deaths, while stimulant-only deaths are a distinct category because stimulants affect the body through different mechanisms.[9] Deaths attributed to opioids alone most often result from respiratory depression, whereas deaths attributed to stimulants alone are more likely to involve cardiovascular mechanisms.**Error! Bookmark not defined.**

Opioids and stimulants are identified together in a high proportion of deaths. This finding suggests that opioid- and stimulant-involved deaths should be considered in planning opioid overdose prevention initiatives. In addition, rates of cardiovascular diseases are higher among people who have died from stimulant toxicity than among those who have died from opioid toxicity. Because long-term stimulant use can contribute to cardiovascular complications, prevention strategies may need to be adapted to address these underlying conditions.[10]

Figure 3. Percentage of apparent opioid toxicity deaths involving stimulants, 2019–2024, by region



Source. Opioid and stimulant-related harms in Canada (PHAC)

[9] Chang, Y.-S. G., Anderson, N., Long, K., Murphy, C., McMahan, V. M., Rodda, L. N., Kral, A. H., & Coffin, P. O. (2025). Refining cause of death attribution among opioid, opioid-stimulant and stimulant acute toxicity deaths.

[10] Riley, E. D., Hsue, P. Y., & Coffin, P. O. (2022). A chronic condition disguised as an acute event: The case for re-thinking stimulant overdose death.

Table 1. Summary of apparent opioid toxicity deaths involving stimulants and types of stimulant-related deaths in Canada, 2019–2025 (January–June)

	2019	2020	2021	2022	2023	2024	2025*
Opioid toxicity deaths involving stimulants (%)	56	63	66	66	69	72	68
Stimulant toxicity deaths involving cocaine (%)	66	65	60	59	62	65	69
Stimulant toxicity deaths involving methamphetamine (%)	46	51	56	57	58	55	49
Stimulant toxicity deaths involving other† stimulants (%)	8	7	6	5	5	5	7

Source. Opioid and stimulant-related harms in Canada (PHAC)

Notes

*Data are from January to June only.

†According to data from PHAC on opioid- and stimulant-related harms in Canada, other stimulants include amphetamine, atomoxetine, catha, dexamfetamine, ethylphenidate, lisdexamfetamine, methylenedioxyamphetamine (MDA), 3-4 methylenedioxy-methamphetamine (MDMA), mephedrone, methylphenidate, modafinil, pemoline, phentermine, pseudoephedrine and trifluoromethylphenylpiperazine (TFMPP).

Overall Drug Supply Trends

Data from Health Canada's DAS[11] show that, across Canada in 2025 (January–October), 53% of seized samples submitted for analysis contained the two most prevalent stimulants (33% cocaine, 20% methamphetamine). During the same period, 14% of samples contained fentanyl, fentanyl analogues or both (refer to Figure 4). Similarly, in 2023, 54% of seized samples contained the two most prevalent stimulants (30% cocaine, 24% methamphetamine), while a higher proportion (20.7%) contained fentanyl, fentanyl analogues or both.

In 2025, cocaine remained the most frequently detected substance across all regions. Proportions were particularly high in the territories (e.g., Northwest Territories), as well as in Manitoba and New Brunswick. Detection of methamphetamine varied by region, with the highest proportions observed in Saskatchewan, Quebec and Prince Edward Island. Each of these regions experienced a decline in methamphetamine detections compared with 2023.

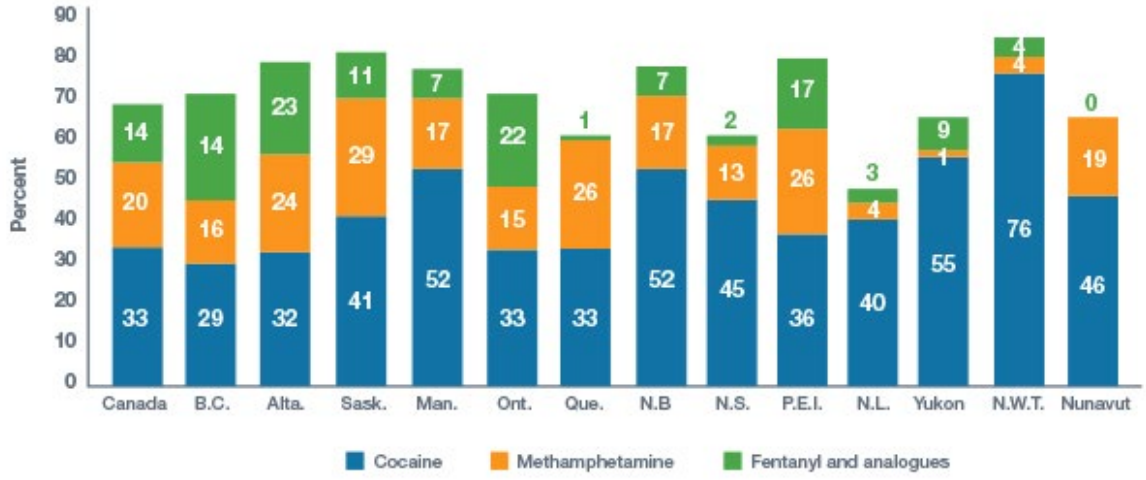
This pattern differs from 2023, when fentanyl and fentanyl analogues accounted for the largest proportion of detections in British Columbia and Alberta, and methamphetamine

[11] Health Canada's DAS data come primarily from law-enforcement submissions. As a result, they tend to reflect patterns in drug seizures rather than providing a complete picture of the unregulated drug supply.

accounted for the largest proportion in Quebec. Overall, in 2025, fentanyl, fentanyl analogues or both were detected in a smaller but still notable proportion of samples in several provinces, including British Columbia, Alberta and Ontario.

Data from the NWDS initiative show similar trends from January 2023 to July 2025 in British Columbia, Alberta, Ontario, Quebec and Nova Scotia. In these provinces, cocaine and its metabolites accounted for four of the most frequently detected substances. Methamphetamine accounted for two of the most frequently detected substances. In the Northwest Territories, cocaine and its metabolites accounted for more than half of the top-detected substances, indicating higher levels of cocaine detection in wastewater compared with other regions and lower levels of methamphetamine.

Figure 4. Proportion of seized samples containing cocaine, methamphetamine, fentanyl, fentanyl analogues or both by region, 2025 (January–October)



Note. Findings presented here may differ from other data from Health Canada's DAS because the data may be presented and analyzed using different methods. Additional information about the DAS is available on the Drug Analysis Service and Cannabis Laboratory website.

Regional Landscape

This section combines reports from both the CCENDU nodes and NDCWG members (refer to Figure 5), along with data from other data sources (refer to the Data Sources section). Each CCENDU node collects information from local partners and networks on substance-related trends and response options. Some partners also provided descriptions of adverse effects and harms observed in their region. Where this information was not provided, it should not be interpreted as an absence of adverse effects or harms.

Data presented at the beginning of each section reflect trends at the provincial or territorial-level and may not capture community-level experiences, as trends can vary within and across communities.

Common themes and responses identified by the CCENDU nodes and NDCWG members are summarized in the Need to Know section.

Figure 5. CCENDU nodes and NDCWG members that responded to the information request

British Columbia

Overall, provincial data show that:

- In 2024, 63% of stimulant toxicity deaths involved methamphetamine and 60% involved cocaine.
    - In 2018, 50% involved methamphetamine and 68% involved cocaine.
    - Methamphetamine-involved deaths increased 26% between 2018 and 2024, while cocaine-involved deaths decreased by 12%.
- Since 2019, stimulant-related deaths have most often affected men and people aged 30 to 39.
- In 2024, 80% of opioid toxicity deaths involved stimulants, up from 72% in 2018.
- Reports indicate that methamphetamine is the most common stimulant detected in postmortem toxicology. After declining during the COVID-19 pandemic, cocaine detection in these cases is now increasing.

Other Trends in Stimulant Use

- Intentional polysubstance use is increasing, possibly related to the growing diversity of sedating substances in the opioid supply.
    - Well-documented incidents show unintentional exposure to opioids by people intending to use stimulants (e.g., cocaine or methamphetamine contaminated with fentanyl), resulting in opioid overdose. The frequency of these events is unknown.
- High school–aged youth surveyed in 2023 were less likely to use cocaine and MDMA than five years earlier. Lifetime use of MDMA declined from 3% to 2%, cocaine use

decreased from just over 2% to just under 2%, and methamphetamine use remained stable but rare at 1%.[12]

Drug Supply Trends

- NWDS data show that cocaine and its metabolites accounted for four of the 10 most frequently identified substances, while methamphetamine and its metabolites accounted for two of the 10.
- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in British Columbia containing methamphetamine remained stable at 15.7%, while the proportion containing cocaine increased slightly from 25% to 29%.

Findings from drug checking services in British Columbia show that stimulants have consistently high levels of concordance over time. This means that when people expect to be consuming a stimulant, it is identified as such in over 90% of samples checked, even when other substances or adulterants are present.

- Among stimulant samples checked between January and September 2025, about 1% to 2% tested positive for fentanyl each month, except in March, when 3.4% tested positive.
- The stimulants most commonly testing positive for fentanyl were samples submitted as methamphetamine and crack cocaine.

One drug checking service in Nelson reported an increase in the number of crack cocaine samples tested since September 2025, along with more frequent detections of mephedrone (4-MMC) during the same period.

Although only a small proportion of stimulant samples submitted for drug checking contain fentanyl, methamphetamine, rather than cocaine (powder or crack), is the stimulant most commonly associated with overdose. Opioid detection in stimulant samples is usually unexpected. However, some samples contain opioids because of intentional mixing based on individual preference or cross-contamination related to shared storage.

Other Adverse Effects and Harms

- Wounds are a significant concern. People who use stimulants may experience increased skin picking and face barriers to engaging in ongoing wound care.
- Co-use with depressants, including alcohol or prescription opioids, can reduce capacity for self-care. In some cases, co-use may also reduce sleep deprivation or stimulant-induced psychosis.
- Some drug checking clients in Nelson reported paranoia or concerns that their drugs had been poisoned or adulterated. However, testing consistently identified

[12] Smith, A., Poon, C., Peled, M., Forsyth, K., Saewyc, E., & McCreary Centre Society. (2024). *The big picture: An overview of the 2023 BC Adolescent Health Survey provincial results*. McCreary Centre Society.

methamphetamine with no detectable adulterants. Some people attempting to reduce fentanyl use through opioid agonist therapy or fentanyl patches reported increasing their stimulant use as a replacement for unregulated fentanyl.

Alberta

Overall, provincial data show that:

- In 2024, methamphetamine was identified in 58% of all substance-related deaths, while cocaine was identified in 27%.
    - In 2018, methamphetamine was identified in 36% of all substance-related deaths, and cocaine was identified in 27%.
    - Identification of methamphetamine in substance-related deaths increased by 61% between 2018 and 2024.
- Between January and July 2025, methamphetamine was identified in 59% of certified drug toxicity deaths involving any substance.
    - Since 2019, stimulant-related deaths have most often affected men and people aged 50 to 59.
- Co-identification of methamphetamine in certified non-pharmaceutical opioid-related deaths has increased significantly in recent years.
    - In 2016, methamphetamine was involved in 29% of certified non-pharmaceutical opioid-related deaths in Alberta. This proportion increased to 69% between January and June 2025.

Drug Supply Trends

- NWDS data show that cocaine and its metabolites accounted for four of the 12 most frequently identified substances, while methamphetamine and its metabolites accounted for two of the 12.
- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in Alberta containing methamphetamine decreased from 28% to 23%. Over the same period, the proportion containing cocaine increased from 26% to 32%.
- Wastewater data show that cocaine use is more widely distributed among people in higher socioeconomic groups, while methamphetamine use is more common among lower socioeconomic groups, including those who are unhoused.
- The mean concentration of cocaine in law enforcement–seized samples increased from 87% weight by weight in 2024 to 93% in 2025.[13] The percent of samples with a concentration of 95% or higher also increased, from 22% in 2024 to 35% in 2025.
    - This increase may contribute to a higher risk of acute cocaine-related toxicity events.

[13] *Weight by weight* refers to the ratio of the weight of the drug to the total weight of the mixture.

- Adulterants and bulking agents in the cocaine supply vary and may include baking soda, laundry detergent, talcum powder, levamisole, phenacetin and local anesthetics such as benzocaine and lidocaine.
- In seized samples, methamphetamine is less frequently adulterated than cocaine. Powdered methamphetamine may be more easily adulterated than crystal methamphetamine, which is typically highly pure in Alberta. The most frequently identified substances include caffeine and dimethyl sulfone.
- In seized samples, stimulants are rarely adulterated with opioids. However, fentanyl and fentanyl analogues are occasionally co-identified with methamphetamine and cocaine.

Other Adverse Effects and Harms

- Methamphetamine toxicity and psychosis have increased substantially in emergency departments and account for a large portion of substance-related psychosis episodes.

Manitoba

Overall, provincial data show that:

- In 2024, 69% of stimulant toxicity deaths involved methamphetamine, while 51% involved cocaine.
    - In 2019, 56% involved methamphetamine and 57% involved cocaine.
    - Methamphetamine-involved deaths increased by 23% between 2019 and 2024, while cocaine-involved deaths decreased by 11%.
- Since 2019, stimulant-related deaths have most often affected men and people aged 30 to 39. In 2023, however, people aged 40 to 49 were most affected.
- From 2023 to 2024, stimulant-related deaths not involving opioids increased by 23%.
- In 2024, 82% of opioid toxicity deaths involved stimulants, up from 58% in 2019.

Drug Supply Trends

- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in Manitoba containing methamphetamine decreased from 23% to 17%, while the proportion containing cocaine increased from 44% to 52%.

Other Adverse Effects and Harms

- Reports indicate that some people who are unhoused use stimulants to stay awake for safety reasons. This use can lead to prolonged sleep deprivation and other harms, which appear more common than overamping or toxicity.[14]

[14] An overamp is an acute adverse event that occurs when the dose of a stimulant exceeds an individual's tolerance and may involve a wide range of symptoms.

- In polysubstance overdoses, stimulants such as methamphetamine may temporarily mask the sedative effects of opioids. This masking effect may lead some people to use a larger amount of opioids than intended.
- Since 2016, increased injection of methamphetamine has been reported alongside higher rates of missed injections, abscesses, endocarditis, other cardiomyopathies and HIV infections.[15,16]

Ontario

Overall, provincial data show that:

- In 2024, 74% of stimulant toxicity deaths involved cocaine, while 46% involved methamphetamine.
    - In 2018, 73% involved cocaine and 36% involved methamphetamine.
    - Methamphetamine-involved deaths increased by 28% between 2018 and 2024, while cocaine-involved deaths remained relatively stable.
    - Since 2019, stimulant-related deaths have most often affected men and people aged 30 to 39.
- In 2024, 68% of opioid toxicity deaths involved stimulants, up from 45% in 2018.

Drug Supply Trends

- NWDS data show that cocaine and its metabolites accounted for four of the 10 most frequently identified substances, while methamphetamine and its metabolites accounted for two of the 10.
- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in Ontario containing methamphetamine decreased slightly, from 18% to 15%. Over the same period, the summary containing cocaine remained relatively stable at about 33%.
- Data from Toronto's Drug Checking Service between January and September 2025 show that most methamphetamine samples (92%) were as expected, with no other substances detected. Similarly, 80% of cocaine samples and 70% of crack cocaine samples were as expected.
    - Phenacetin was detected in 10% of expected cocaine samples and in 35% of expected crack cocaine samples. Levamisole was detected in 7% of expected cocaine samples and 6% of expected crack cocaine samples.

[15] CATIE. (2023). Endocarditis among people who inject drugs: What do prevention and treatment look like?
[16] CATIE. (2024). New HIV infections in Manitoba intersect with housing, and methamphetamine use.

Quebec

Overall, provincial data show that:

- In 2023, the most recent year for which data are available, there were 211 deaths attributed to stimulant poisoning, representing a rate of 2.6 deaths per 100,000 people.
    - Of these deaths, 64% were attributed to cocaine.
    - Since 2019, stimulant-related deaths have most often affected men and people aged 50 to 59.
    - Among stimulant-related deaths in 2023, at least one other psychoactive medication or drug was detected in 68% of cases.

Drug Supply Trends

- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in Quebec containing methamphetamine decreased from 33% to 26%, while the proportion containing cocaine increased slightly from 29% to 33%.
- NWDS data show that cocaine and its metabolites accounted for four of the 12 most frequently identified substances, while methamphetamine and its metabolites accounted for two of the 12.
- In 2024, stimulants were the most commonly used substances among participants in the urinalysis project (data from the Projet suprarégional d'analyse de drogues dans l'urine de personnes qui consomment au Québec [in French only]).
    - Stimulants were detected in 94% of participants, while depressants were detected in 35%.
    - Stimulants were most often smoked but were also snorted or swallowed.
    - Participants reported more stimulant overdoses (53%) than opioid overdoses (41%).
- The Spectre de rue drug checking service reported testing more than twice as many cocaine samples in recent months. Service users suggest this increase may be related to a perceived decline in substance quality. However, drug checking results did not show an increase in cutting agents compared with typical levels.
- Some service users reported that they prefer inhalation rather than injection when using stimulants. Co-use of stimulants and opioids was also noted. In addition, several people who smoke fentanyl reported adding small amounts of methamphetamine to make use easier. This information cannot be verified, as the Spectre de rue service does not have an inhalation room.

Other Adverse Effects and Harms

- Adverse effects also vary by method of use. These include collapse of the nasal cavity among people who snort, burns near the mouth and lung problems among people who inhale, and risks associated with injection, such as missed injections and injury.

New Brunswick

Overall, provincial data show:

- In 2024, 63% of stimulant toxicity deaths involved methamphetamine, while 50% involved cocaine. In addition, 39% involved other stimulants.
    - In 2018, 55% involved methamphetamine and 40% involved cocaine.
    - Between 2018 and 2024, methamphetamine-involved deaths increased by 15%, while cocaine-involved deaths increased by 25%.
- In 2024, of the 66 apparent stimulant toxicity deaths that were accidental or had pending intent, most involved males (73% male, 27% female).
    - The largest proportion of deaths occurred among people aged 30 to 39 (35%).
    - Early 2025 data show a similar pattern, with most deaths involving men (75%). The largest proportion of deaths occurred among people aged 40 to 49 (50%).
- In 2024, 57% of opioid toxicity deaths involved stimulants, up from 27% in 2018.

Drug Supply Trends

- Data from Health Canada's DAS show that from 2023 to 2025 (January–October), the proportion of seized samples in New Brunswick containing methamphetamine decreased from 32% to 27%, while the proportion containing cocaine increased from 24% to 29%.

Other Adverse Effects and Harms

- Reports from the node indicate that, although it is difficult to confirm without more detailed drug checking, changes in the mixing of stimulants with other substances may be altering the effects of drugs such as benzodiazepines and opioids. These changes may lead some people to increase their usual intake to recreate expected effects.

Nova Scotia

Overall, provincial data show that:

- In 2024, 86% of stimulant toxicity deaths involved cocaine, while 14% involved methamphetamine.
    - In 2018, 88% involved cocaine and 12% involved methamphetamine.
    - Between 2018 and 2024, cocaine-involved deaths decreased slightly by 2%, while methamphetamine-involved deaths increased by 17%.
- Since 2019, stimulant-related deaths have most often affected men. The age groups most affected have varied over time, including people aged 30 to 39 in 2019, 50 to 59 in 2020, 20 to 29 in 2021, 40 to 59 in 2022, and 30 to 39 from 2023 to 2024.
- In 2024, 43% of opioid toxicity deaths involved stimulants, up from 29% in 2019.

Drug Supply Trends

- Since about 2023, reports indicate that drug test strips have shown an increasing number of cocaine samples testing positive for fentanyl.
- Reports also indicate increased use of methamphetamine and crack cocaine. Recent observations suggest that some crack cocaine appears to be in coloured forms (e.g., red or blue), and that some people use water bongs to smoke crack cocaine.
- NWDS data show that cocaine and its metabolites accounted for four of the 10 most frequently identified substances, while methamphetamine and its metabolites accounted for two of the 10.
- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in Nova Scotia containing methamphetamine remained stable at about 13%, while the proportion containing cocaine decreased slightly, from 48% to 45%.

Other Adverse Effects and Harms

- Reports raise concerns about deaths related to unintentional exposure to other substances in crack cocaine, as well as injection-related infections.
- In some cases, people may use higher amounts of stimulants, which may lead to overamping.

Prince Edward Island

Overall, provincial data show that:

- In 2024, 29% of opioid toxicity deaths involved stimulants, up from 17% in 2021.

Drug Supply Trends

- Sites report frequent co-use of stimulants and opioids. People who are unhoused are often reported to use both methamphetamine and fentanyl or fentanyl-related substances within the same day.
- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in Prince Edward Island containing methamphetamine decreased substantially, from 41% to 26%. Over the same period, the proportion of samples containing cocaine decreased slightly, from 40% to 36%.
- Fourier-transform infrared spectroscopy (FTIR) and test strip results indicate that methamphetamine is appearing in the stimulant supply, with some samples containing methamphetamine as the only detected substance (a single-component sample).
- In comparison, cocaine samples continue to contain common adulterants and bulking agents, such as caffeine, creatine and sugar.
- Drug checking sites also report a shift from primarily smoking stimulants to injecting.
- Recent increases in drug seizures have coincided with fewer sample submissions and reports of people using whatever substances are available. These reports also

suggest riskier consumption patterns, such as injection rather than inhalation, among people who use opioids and stimulants. However, available data do not indicate whether these patterns are caused by seizure activity.

Other Adverse Health Effects and Harms

- Reports indicate that some people feel different effects when using certain batches of methamphetamine. These effects may be related to metabolic factors associated with use, such as dehydration, lack of nutrition and lack of sleep.

Newfoundland and Labrador

Overall, provincial data show that:

- In 2024, 86% of stimulant toxicity deaths involved cocaine, while 10% involved methamphetamine. In addition, 29% involved other stimulants.
    - In 2018, 89% of stimulant toxicity deaths involved cocaine, while 26% involved other stimulants.
    - Between 2018 and 2024, cocaine-involved deaths decreased by 3%, while deaths involving other stimulants increased by 12%.
- In 2023 and 2024, younger adults aged 20 to 29 and middle-aged adults aged 30 to 39 were overrepresented in stimulant use and harms.
    - Deaths most often involved males, although harms were observed across all sexes and genders. A higher proportion of deaths among females was reported in Newfoundland and Labrador compared with the national average.
- In 2024, 47% of opioid toxicity deaths involved stimulants, down from 52% in 2018.
    - Increases in deaths involving multiple substances, including three or more substances, have been reported. These trends complicate prevention and clinical responses.
- Historically, drug-related mortality in Newfoundland and Labrador has remained low relative to other, more populous jurisdictions, reflecting demographic differences and regional patterns of substance use.
- Cocaine was the most prevalent contributing substance in both deaths and hospitalizations. Sharp increases were observed in 2023 and 2024, a period that coincided with concerns raised by the medical examiner about rising cocaine potency. Stimulant-opioid combinations were the most common in polysubstance deaths.
    - Each year, cocaine is cited as a contributing factor in acute care admissions more often than all other psychostimulants combined.
- Almost all stimulant toxicity deaths involved substances from the unregulated drug supply.

Drug Supply Trends

- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in Newfoundland and Labrador containing methamphetamine decreased substantially, from 41% to 26%. Over the same period, the proportion containing cocaine decreased slightly, from 40% to 36%.

Other Adverse Effects and Harms

- In many areas, reports indicate increases in stimulant-related emergency consultations, including psychosis, cardiac events and injuries. However, provincial-level emergency department and hospitalization data remain limited.

Northwest Territories

Overall, provincial data show that:

- In 2024, 89% of stimulant toxicity deaths involved cocaine, while 11% involved other stimulants. No known deaths involved methamphetamine.
    - Crack cocaine and methamphetamine are the most frequently reported stimulants. However, emerging stimulant substances and unpredictable mixtures with opioids and benzodiazepines are also of concern.
- Since 2021, stimulant-related deaths have most often affected men. Age patterns have varied over time, with the highest proportions among people aged 40 to 49 from 2021 to 2022; among people aged 30 to 39 and 50 to 59 in 2023; and among people aged 30 to 49 in 2024.
- In 2024, 67% of opioid toxicity deaths involved stimulants, down from 100% in 2020.

Drug Supply Trends

- NWDS data show that cocaine and its metabolites accounted for six of the 10 most frequently identified substances, while a methamphetamine metabolite accounted for one of the 10.
- Data from Health Canada's DAS show that, from 2023 to 2025 (January–October), the proportion of seized samples in the Northwest Territories containing methamphetamine increased from 0% to 3.5%. Over the same period, the proportion containing cocaine increased from 60% to 76%.
- Opioids have been central to observed drug toxicities in the Northwest Territories. However, recent data show that stimulant-related deaths are also increasing, often due to unintentional contamination with fentanyl or carfentanil.
    - Reports describe unintentional exposure to opioids among people using stimulants. Simultaneous increases in both opioid-related and stimulant-related deaths in 2024 (seven opioid-related deaths, five stimulant-related deaths) suggest meaningful overlap and contamination within the drug supply. For example, some people who purchased crack cocaine later tested positive for fentanyl, a substance they did not intend to use.

- Stimulant-only deaths first appeared in 2020, with one reported death, and increased to five deaths in 2024.
    - This increase may indicate greater use of stimulants as stand-alone substances.
    - Most stimulant-related poisonings are unintentional, with people seeking stimulants but unknowingly ingesting opioids.
    - Reports of fentanyl or carfentanil in stimulants such as crack cocaine and methamphetamine are now common in both deaths and drug checking results.
    - As a result, stimulant-related deaths are more likely linked to unexpected substance combinations than to intentional opioid use.

Other Adverse Effects and Harms

- People often report shock following the unintentional exposure to opioids in their stimulant supply, including effects such as extreme sedation and respiratory depression.

Summary

- Between 2018 and 2024, stimulant toxicity deaths increased significantly in Canada, with consistent patterns by sex and age observed across regions. Substances involved vary geographically, with methamphetamine more often involved in British Columbia, Alberta, Manitoba, and New Brunswick, and cocaine more often involved in Ontario, the Atlantic provinces and the Northwest Territories.
- Polysubstance toxicity has risen substantially since 2007, and by 2024 more than 75% of toxicity deaths involved more than one substance. The proportion of toxicity deaths that include stimulants has increased sharply, reflecting both changing patterns of use and ongoing contamination within the drug supply.
- Drug supply indicators, including Health Canada's DAS data and NWDS data, show frequent stimulant detection across the country, with cocaine detected more often than methamphetamine in the most recent data available.
- Stimulant use and related harms are increasingly reported among people who are unhoused, people engaged in survival sex work, people who have experienced significant trauma and people with a history of incarceration. Although stimulant use varies across groups, methamphetamine use has been reported more often among people who are unhoused, while powdered cocaine use has been reported more often among professionals.
- Stimulant-related harms include cardiovascular and neuropsychiatric effects and are often associated with reduced capacity for daily self-care.
- Persistent stigma, particularly toward methamphetamine use, continues to create barriers to accessing treatment, harm reduction services and overdose prevention measures.

Coming Soon

Part 2 of this series will be released shortly and will take a deeper look at the factors driving stimulant use in Canada, emerging responses and impacts on different groups. Make sure you're subscribed to get it directly in your inbox.

Resources

- The Meth Booklet
- Publications and reports of the Department of Health
- Drugs in the NWT
- Our Healthbox Initiative to Bring Free, Private Access to Health Supplies in Behchokǫ̀, Hay River, Inuvik, and Yellowknife
- Substance Use Health Among Inuit
- National Drug Early Warning System

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