Pregnancy, Opioid Toxicity & Death

1 in 20
pregnant people in Ontario take opioids for pain, treatment for opioid use disorder, or non-medical reasons

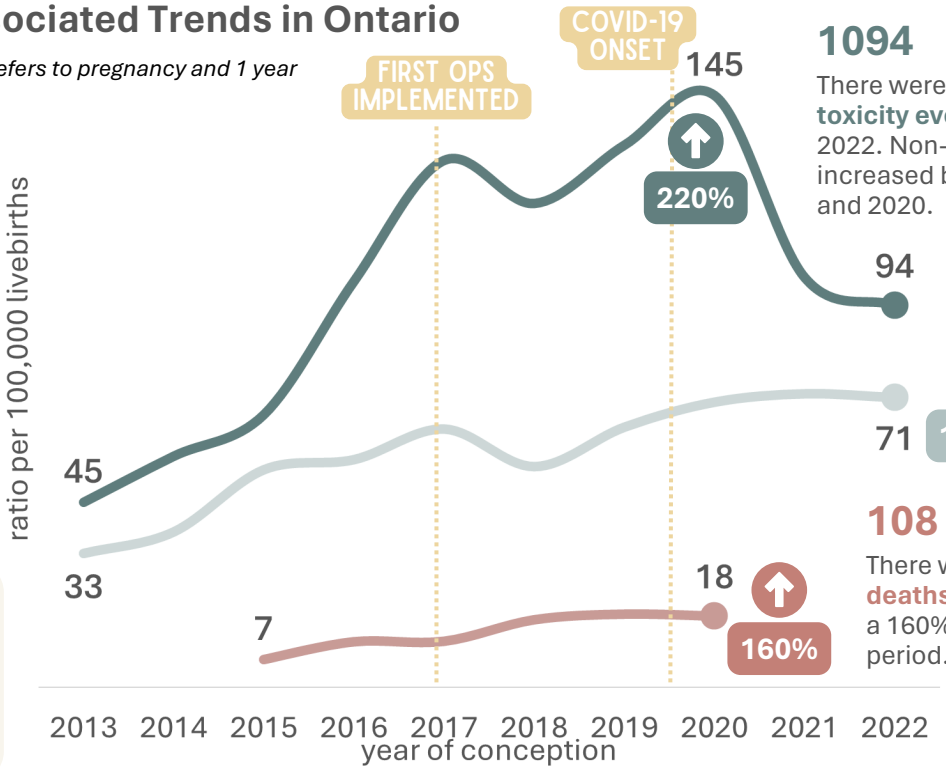
Fatal and non-fatal drug toxicity ratios are at a crisis point among those who are pregnant and newly parenting in Ontario. This trend is happening amongst reports that overdose and drug toxicity is decreasing; overdose prevention and harm reduction services are being scaled back, and provincial policies are being implemented that increase the criminalization and isolation of people living in poverty who use drugs.

Fatal opioid toxicity ratios increased by 160% from 2015-2020 and non-fatal opioid toxicity ratios increased by 220% from 2013-2020 and remain disproportionately high. For many people who use drugs, pregnancy and early parenting are burdened with stigma, surveillance, and discrimination which can perpetuate isolation, trauma and heightened overdose risk. Child apprehension is a lifelong trauma and disproportionately impacts Black & Indigenous families.

Pregnancy-Associated Trends in Ontario

"pregnancy-associated" refers to pregnancy and 1 year after the end of pregnancy

Ontario data shows increases in pregnancy-associated[†] **non-fatal** and **fatal opioid toxicity** as well as **deaths[‡] (from all causes)** since 2013.



1094
There were 1094 **non-fatal opioid toxicity events** between 2013 and 2022. Non-fatal opioid toxicity increased by 220% between 2013 and 2020.

629
There were 629 **deaths (from all causes)** between 2013 and 2022 - a 117% increase over the study period.

108
There were 108 **opioid toxicity deaths** between 2015 and 2020 - a 160% increase over the study period.

> "It's like being a pwud [person who uses drugs] they forget you deserve care during your pregnancy."

Source: Camden et al International Journal of Population Data Science. 2024 Sep 10;9(5), N=1,555,370 pregnancies. OPS, Overdose Prevention Site
Note: Opioid toxicity deaths in pregnancy were not captured in administrative health data.

While more work is needed to fully understand these significant increases, fragmented opioid and pregnancy care, failed supports post-delivery, child apprehension system surveillance, and barriers to overdose prevention and harm reduction services and supports are amongst the experiences reported by harm reduction advocates and workers. These on top of cuts to supervised consumption sites and reduced harm reduction programs have had dire impacts.

In Ontario, the **risk of pregnancy-associated fatal & non-fatal opioid toxicity** is highest among people with:

- a substance use disorder diagnosis
- prior opioid overdose
- mental health diagnosis
- chronic pain
- social & economic disadvantage

Most non-fatal (66.6%) and fatal (88.9%) opioid toxicity events and all-cause death (73.9%) occurred **43-365 days post-pregnancy**.

Dignity, Autonomy, and the Right to Parent While Using Substances

Drug toxicity deaths among pregnant and postpartum people are rooted in systemic failures, not individual choices. While many overdoses go unreported unless there's interaction with the systems that often harm families, even existing data reveals a crisis: **in 2020, opioids were involved in 1 in 4 pregnancy-associated deaths in Ontario.** These outcomes reflect deep gaps in care: a lack of integrated perinatal and harm reduction services, limited mental health support, punitive child welfare practices, and the continued criminalization of substance use. Effective care models are rooted in evidence-based practice, dignity, autonomy, and lived experience. This means fully funding wraparound supports led by and for people who use drugs, implementing harm reduction-informed perinatal care, and ending punitive approaches. Above all, we must honour the strength, resilience, and rights of all parents, regardless of substance use.

> "Pregnant and parenting women who use drugs are judged constantly — what we eat, what we take, how much or little we exercise. These moral judgments create stigma, and stigma stops women from getting care. Just because we use drugs does not mean we are bad mothers or unfit parents, in fact we are told not to stop opioids during pregnancy despite public opinion. We already lose too many pregnant women to preventable causes so we shouldn't stigmatize women who use opioids into silence, suffering, or overdose."

> "Their attitude feels as if the focus is solely on rescuing the baby from your body and you're invisible."

RECOMMENDATIONS

1. **Increase investments** in health and social services tailored to pregnant and parenting people who use substances
2. **Establish holistic referral pathways** that integrate system navigation advocates and trusted allies to support parents throughout the continuum of care—from pregnancy, labour/delivery, and postpartum, through the first two years of parenting. These pathways should foster community support at every stage.
3. **Develop harm reduction and overdose prevention education initiatives** specifically for pregnant and parenting people, co-led by individuals with lived/living experience and supported by experienced healthcare and community care providers.
4. **Provide cross-sector training** to reduce stigma and discrimination, co-led by people with lived/living experience. Training should clarify duty-to-report protocols, promote supportive, non-punitive practices, and include guidance on safety planning for parents who use substances.
5. **End punitive approaches** to substance use in pregnancy and parenting, including criminalization and child apprehension, and transition to compassionate, family-centered models of care.
6. **Mandate accountability** by requiring health and social systems to transparently report perinatal overdose deaths and service gaps, and act on findings to drive system improvements.

> "My experience as a pregnant mom was completely robbed from me because they saw me as a liability and danger to my baby"

Definitions

† Pregnancy-associated ratios measure events that occurred while pregnant or within 1 year of pregnancy and are expressed per 100,000 livebirths. A pregnancy-associated ratio of 145 per 100,000 livebirths for non-fatal opioid overdose means that for every 100,000 livebirths, 145 individuals experience a non-fatal opioid overdose in pregnancy or within 1 year of pregnancy.

‡ All-cause deaths includes deaths from any cause in pregnancy or within 1 year of pregnancy.

Citation

Canadian Research Initiative in Substance Matters and Women & HIV/AIDS Initiative. Pregnancy, Opioid Toxicity, & Death. Toronto, ON; 2025.

References

Camden A, Ray JG, To T, Gomes T, Bai L, Guttmann A. Prevalence of prenatal opioid exposure in Ontario, Canada, 2014-2019. JAMA Network Open. 2021 Feb 1;4(2):e2037388.
Camden A, Gomes T, Brown H, Schmidt R, Patrikar A, Lu H, Guttmann A. Trends in pregnancy-associated opioid toxicity and . International Journal of Population Data Science. 2024 Sep 10;9(5).