



## I. BACKGROUND

Canada has seen an increasing number of opioid-related harms and deaths, with an estimated 39,435 opioid-related hospitalizations and 40,462 apparent opioid toxicity deaths between January 2016 and June 2023<sup>1</sup>. The objective of this project is to develop an open-source modeling tool aimed to provide insight into the opioid epidemic at multiple levels of health administration across Canada. In particular, the model will be directed towards analyzing the impact of policies and interventions at sub-provincial geographic units.

## II. METHODS

We are developing a compartmental agent-based risk model which will leverage detailed socio-demographic and other data to simulate the frequency and locations of opioid use as well as fatality of overdoses. The model focuses on stimulating counterfactual scenarios by allowing a number of policies and interventions to be applied to the simulated population and assessing their impact. A key feature of the model is the capability to produce outputs at a health region or public health unit level, enabling region-specific analysis for local health authorities.

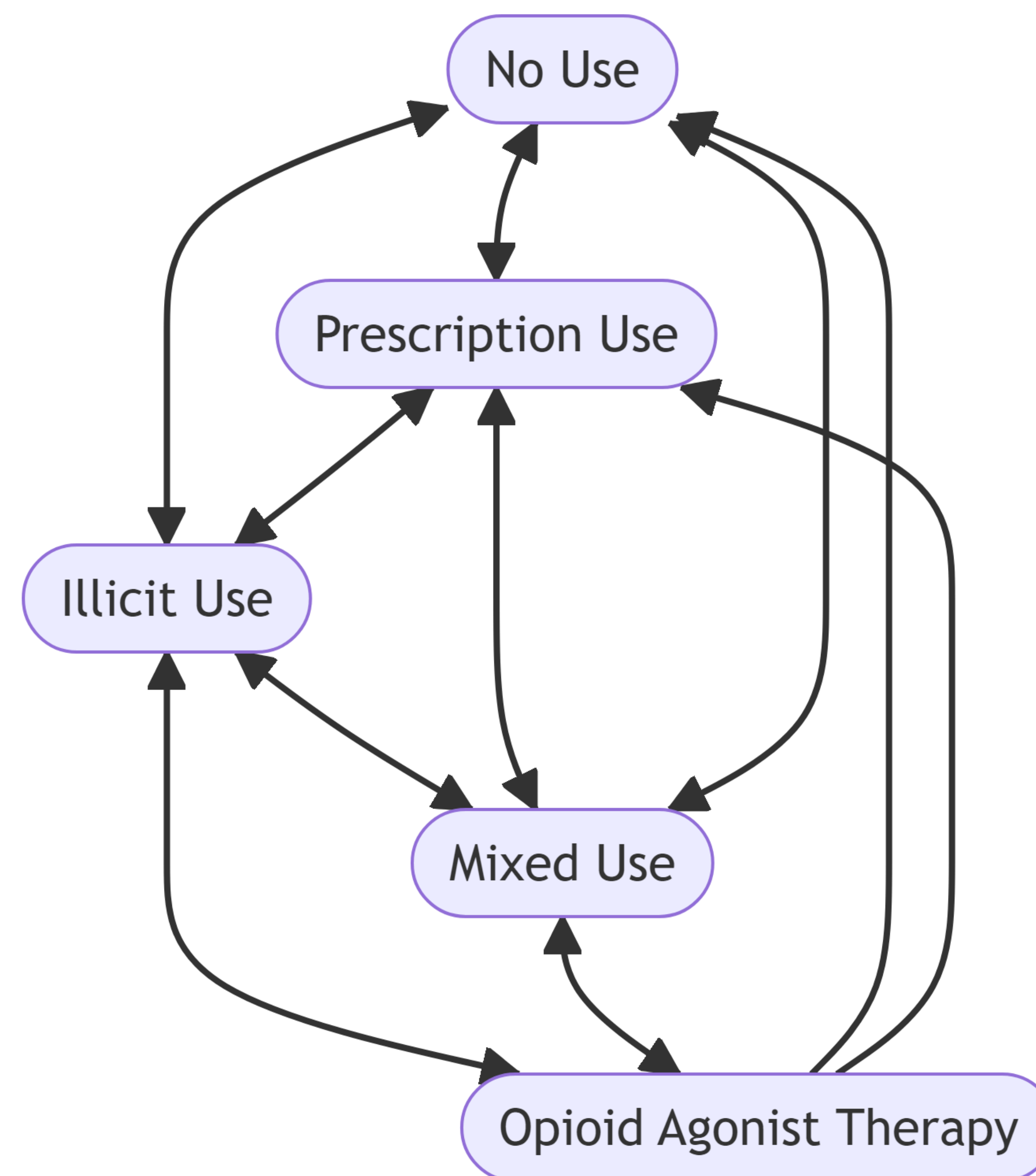
## III. THE MODEL

The model simulates opioid use and outcomes for a synthetic population representative of a public health unit:

- Statistics Canada internal data + local population characteristics
- Population profile is represented as a set of probability distributions
- Large number of individual characteristics, e.g., socio-demographic, socio-economic, geographic, health conditions

## IV. OPIOID USE STATE

These states describe the way in which a model agents uses opioids.



## V. LOCATIONS

These states include the location in which the agent is currently using opioids:

1. Housing status
2. Hospital
3. Prison
4. Safe site
5. Other

## VI. EVENTS

Certain events may impact on opioid-related outcomes, on a personal or global level:

1. Supply contamination
2. Injuries
3. Social assistance cheques
4. Overdoses
5. Compartment changes

## VII. IMPLEMENTATION

The implementation of the model will follow an open-science approach to research and dissemination:

- Written completely in the Python
- Accompanied by Dash/Plotly user interface
- Pre-packed datasets tailored for public use
- Publically available on the Statistics Canada Github page

## VIII. WHAT-IF DECISION MAKING

A key feature of a modeling approach is the ability to simulate counterfactual ('what-if') scenarios. For example:

- What if there are more take-home naloxone kits available in the community?
- Do supervised safe consumption sites reduce the burden of opioid-related harms?

Our model can be adapted to include a number of policies or interventions related to opioid use and outcomes in order to explore different scenarios and their impact on the community. The model includes the following:

**i Take-home naloxone kit availability**  
Determines the number of naloxone kits available to take home at each moment in time.

**i Opioid prescription alteration**  
Affects the rate at which opioid prescriptions are administered

**i OAT prescription alteration**  
Affects the rate at which Opioid Agonist Therapy (OAT) is prescribed.

**i Point-of-contact interventions**  
This intervention represents a broad class of interventions which may occur when an opioid-using actor comes into contact with some form of system. For example, visits to the hospital, emergency room/department, prison, or supervised safe consumption sites.

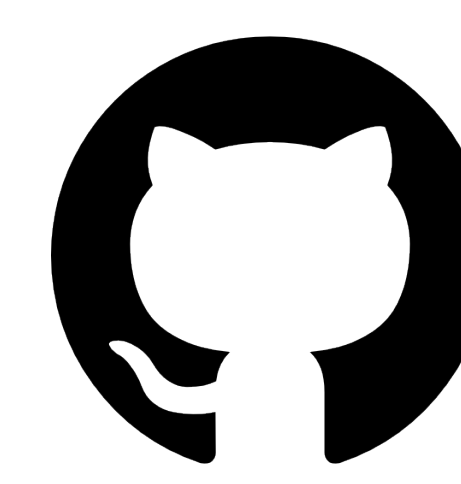
## IX. CONCLUSION

We are developing a tool that can support policy makers and researchers interested in opioid-related outcomes, while being openly available and easy to use. A focus on sub-provincial geographies and model adaptability will further ensure that the model remains useful in a variety of scenarios.

## X. ACKNOWLEDGEMENTS

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This poster is made in Quarto, using a typst poster template made by Christophe Dervieux of Posit. The opioid use state diagram is made using the Mermaid Diagramming and charting tool.



<sup>1</sup>Public Health Agency of Canada: Opioid- and Stimulant-related Harms in Canada