OPIOID SURVEILLANCE SUMMARY

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MAY 2019

This summary¹ provides local and provincial surveillance information. For some indicators, there is a lag time to receive data, so data are shown for the most recent complete month available. For more detailed provincial and local data visit Public Health Ontario's Interactive Opioid Tool and the Ontario Prescription Opioid Tool

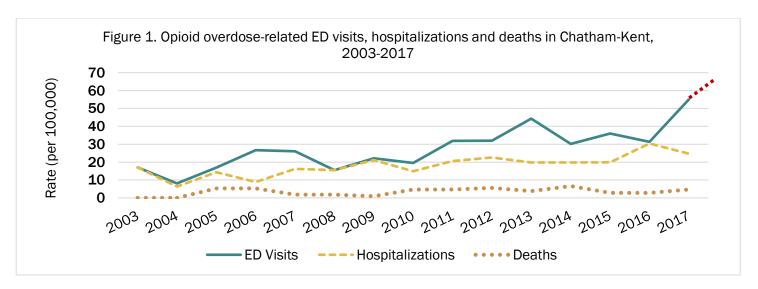
EMERGING ISSUES

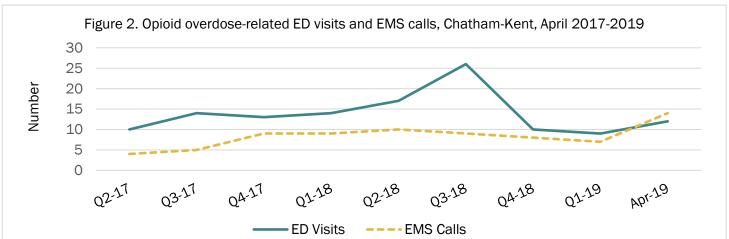
- CK EMS reported an increase in suspected opioid overdose related calls in April and calls have remained elevated throughout the month of May. There were 4 suspected opioid overdose-related calls within a three-day period between April 25th and April 27th and in May there have been several days with multiple EMS calls occurring. The month of May is on track to see the highest volume of opioid overdose-related EMS calls to date in Chatham-Kent.
- > Locally there have been reports of "purple" "blue" and "pink" fentanyl in the community and a shift towards opioids being a primary drug of use.
- In the month of April, CK Police Services seized a significant quantity of illicit drugs locally.
- On April 18th, CK Public Health issued messaging to partners and on social media about the potential circulation of purple fentanyl locally, and on April 24th, issued further messaging regarding an increased number of opioid overdoses coming into contact with local emergency health services in the previous week.
- On May 15th, the Ontario Harm Reduction Network issued a note regarding false reports of fentanyl in cannabis. While there have been fentanyl substances made to look like cannabis from a distance, these products do not resemble cannabis in weight, scent or texture and there have been no laboratory confirmed cases of fentanyl in cannabis in Canada.

| CHATHAM-KENT ACTIVITY | |
|---|--|
| EMS Calls ² | 14 suspected opioid overdose-related calls in April (21 to date in 2019; 36 in 2018) |
| Emergency Department Visits ³ | 12 opioid overdose-related ED visits in April (21 to date in 2019; 67 in 2018) |
| Deaths ⁴ | 2 deaths between January and September 2018 (5 in 2017) |
| Naloxone Distribution ⁵ | 43 naloxone kits distributed by CK Public Health in April (105 to date in 2019; 184 in 2018) 72 naloxone kits distributed by CK pharmacies in January 2019 |
| OVERALL | The number of opioid-overdose related EMS calls and ED visits were elevated in April compared to all previous months since weekly hospital reporting began in April 2017 The year-to-date local rate of ED visits (19.9 per 100,000) is lower than the provincial rate (24.3 per 100,000) |

| PROVINCIAL ACTIVITY | |
|---|--|
| Emergency Department Visits ³ | • 933 ED visits in April (3,402 to date in 2019; 9,221 in 2018) |
| Deaths ⁴ | 1,030 deaths between January and September 2018 (1,265 in 2017) |
| OVERALL | The number of ED visits in April was higher than all previous months since August 2017 |

Page 1 ISSUED: May 30, 2019





NOTES

¹Content and format of this information bulletin has been adapted from Lambton Public Health

² EMS calls were provided by Chatham-Kent EMS (May 29, 2019)

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Page 2 ISSUED: May 30, 2019

³ Emergency department visits were provided by the Ontario Ministry of Health and Long-Term Care (Weekly emergency department visits for opioid overdose Week 7: May 13-May 19, 2019). All Ontario hospitals are required to report cases of opioid overdose presenting in their EDs to the Canadian Institute for Health Information. Results are considered preliminary and subject to change as emergency departments continue to submit data. Rates were based on the most recent population estimates (2016).

⁴ Deaths were obtained from <u>Public Health Ontario's Interactive Opioid Tool</u>. Data for 2018 are considered preliminary and are subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario. The data include both confirmed and probable cases.

⁵ Naloxone kits distributed by CK Public Health are tracked internally. The number of kits distributed in 2019 by Chatham-Kent pharmacies was only available for January from the <u>Ontario Drug Policy Research Network Prescription Opioid Tool</u>.