

OPIOID SURVEILLANCE SUMMARY

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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 Opioid Indicator Tool](#).

EMERGING ISSUES & NEW RESOURCES

- As always, please continue to share harm reduction messaging and any information about increased local harms with those at risk of opioid poisoning. The unregulated drug supply is unpredictable and always changing.

CHATHAM-KENT ACTIVITY

EMS Calls ²	<ul style="list-style-type: none">• 7 suspect opioid poisoning-related calls to CK EMS in December (75 in 2022) (Figure 1)• 6 non-opioid drug poisoning-related calls to CK EMS in December (110 in 2022)
Emergency Department Visits ³	<ul style="list-style-type: none">• 5 opioid poisoning-related ED visits <u>by CK residents</u> in December (82 in 2022 or 76.6 per 100,000) (Figure 1)• 4 opioid poisoning-related ED visits <u>to CK hospitals</u> in December (98 in 2022)
Deaths ⁴	<ul style="list-style-type: none">• No suspect drug-related deaths in CK in December (43 in 2022 or 40.1 per 100,000) (Figure 1)• 24 confirmed opioid poisoning deaths in CK between January and October 2022 (22.4 per 100,000; 19 deaths in 2021 or 17.8 per 100,000) (Figure 1)
OVERALL	<ul style="list-style-type: none">• The number of opioid poisoning-related EMS calls and ED visits in December were comparable to previous months and suspect drug deaths were lower. CK's rate of ED visits for 2022 to date is slightly higher than the province overall and the rate of monthly suspect drug deaths continues to be significantly higher than the province. For the first 10 months of 2022, CK experienced a higher rate of opioid poisoning deaths compared to the province (22.4 versus 11.4 per 100,000).

PROVINCIAL ACTIVITY

Emergency Department Visits ³	<ul style="list-style-type: none">• 693 opioid poisoning-related ED visits in December (11313 in 2022 or 74.8 per 100,000)
Deaths ⁴	<ul style="list-style-type: none">• 262 suspect drug-related deaths in December (3343 in 2022 or 22.1 per 100,000)• 1728 confirmed opioid poisoning deaths between January and October 2022 (11.4 per 100,000; 2861 deaths in 2021 or 19.3 per 100,000)
OVERALL	<ul style="list-style-type: none">• The number of ED visits was comparable and suspect drug deaths were slightly higher compared to the previous month. Suspect drug and opioid poisoning deaths for 2022 so far are trending lower than the same time in 2021 but still higher than pre-pandemic.

Figure 1. Opioid poisoning-related ED visits and EMS calls and suspect drug-related and confirmed opioid poisoning deaths in Chatham-Kent, January 2019 to December 2022

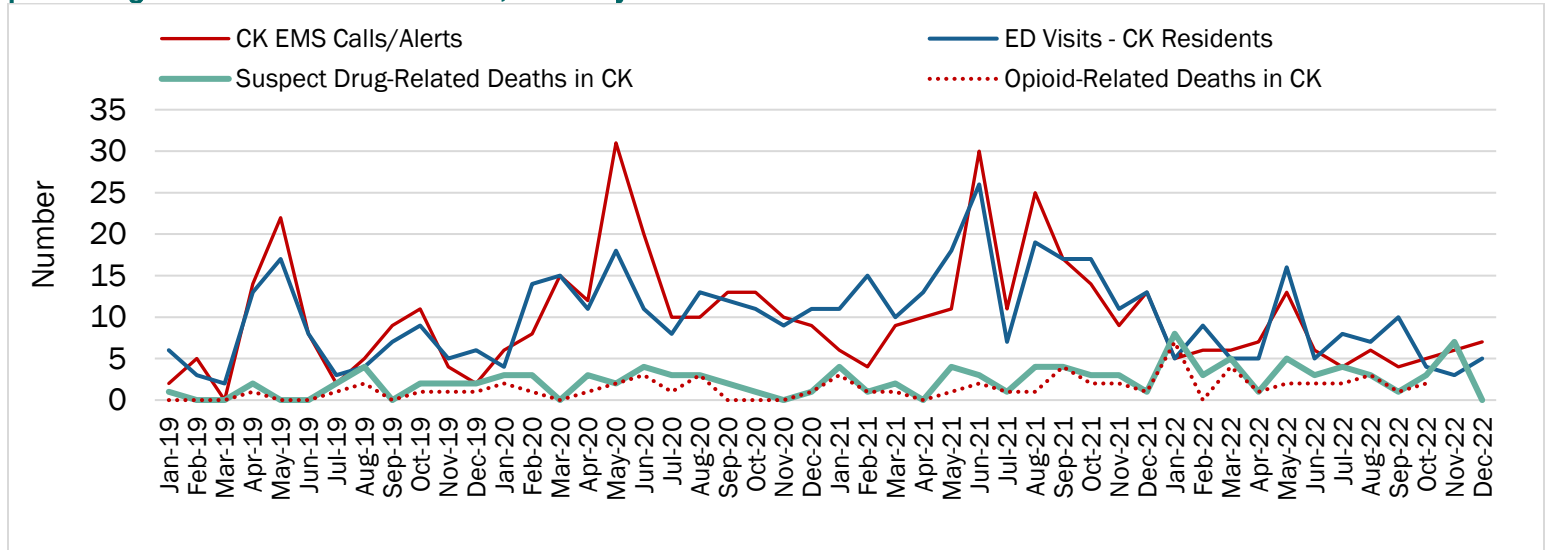
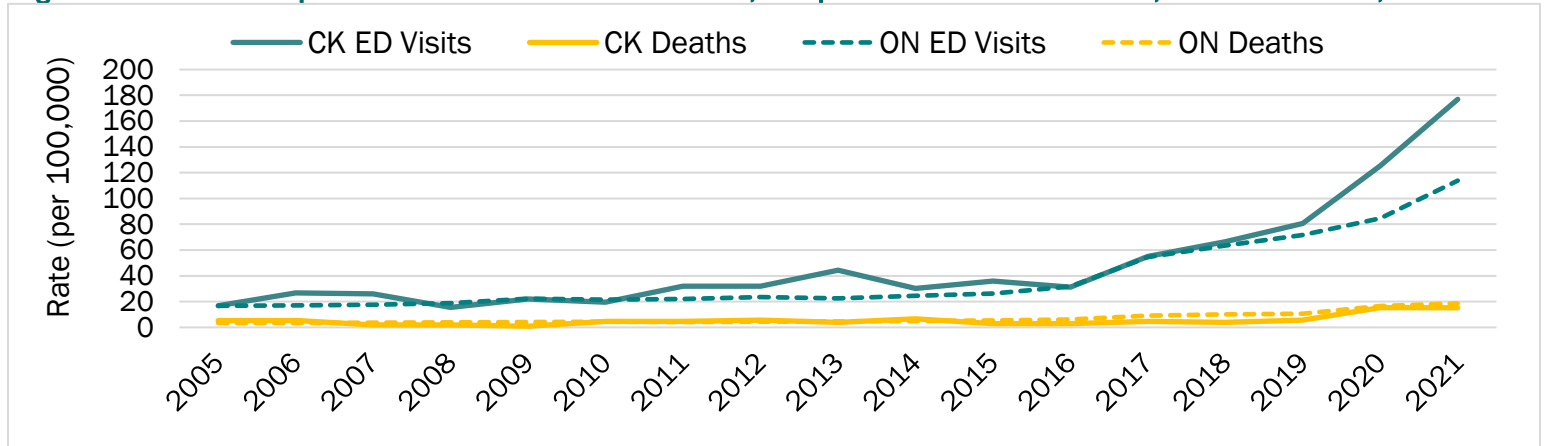


Figure 2. Rates⁴ of opioid overdose-related ED visits, hospitalizations and deaths, Chatham-Kent, 2005-21



NOTES

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

²EMS calls up to and including December 2022 are based on calls for service by month provided by Chatham-Kent EMS.

³ Emergency department visits were provided by the Ontario Ministry of Health and Long-Term Care (Weekly emergency department visits for opioid overdose Week 42: Jan 9 to 15, 2023). 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 are based on 2021 and 2022 population projections, and 2020 population estimates.

⁴ 2019 to 2022 suspect drug-related deaths and confirmed opioid deaths are based on the Monthly Summary table provided by the Office of the Chief Coroner for Ontario, January 20, 2023. 2005 to 2021 ED visits, hospitalizations and deaths were obtained from Public Health Ontario's [Interactive Opioid Tool](#). Opioid-related deaths include confirmed deaths only, are considered preliminary and are subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario.

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