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

- Given local concerns around Xylazine, here is a <u>resource</u> to learn more.
- The Ontario Drug Policy Research Network (ODPRN) and Chiefs of Ontario (COO) have updated <u>research</u> on opioid use and opioid-related poisoning among First Nations people in Ontario (2013-21)
- To learn more about CK's Drug Strategy development, visit www.LetsTalkChatham-Kent.ca/CKMunicipalDrugStrategy

CHATHAM-KENT ACTIVITY	
EMS Calls ²	 7 suspect opioid poisoning-related calls to CK EMS in October (58 to date in 2023) (Figure 1) 7 non-opioid drug related calls to CK EMS in October (104 to date in 2023)
Emergency Department Visits ³	 Due to the recent regional hospital cyber-attack, opioid poisoning-related ED visits for the month of October are not readily available.
Deaths ⁴	 2 suspect drug-related deaths in CK in October (25 to date in 2023 or 23.0 per 100,000; 49 deaths in 2022) (Figure 1) 10 confirmed opioid poisoning deaths in CK between January and July 2023 (37 deaths in 2022 or 34.2 per 100,000) (Figure 1)
OVERALL	 The number of opioid poisoning-related EMS calls and suspect drug deaths were similar to previous months. Data for 2022 shows CK experienced higher rates of opioid poisoning ED visits, hospitalizations and deaths, compared to the province. For the first 6 months of 2023, local opioid deaths have largely impacted males, age 45 to 64, and 90% of deaths are attributed to fentanyl.

PROVINCIAL ACTIVITY	
Emergency Department Visits ³	• 734 opioid poisoning-related ED visits in October (10,634 to date in 2023 or 69.2 per 100,000)
Deaths ⁴	 252 suspect drug-related deaths in October (2987 to date in 2023 or 19.4 per 100,000; 3681 deaths in 2022) 1205 confirmed opioid poisoning deaths between January and July 2023 (2492 deaths in 2022 or 16.5 per 100,000)
OVERALL	 The number of ED visits and suspect drug deaths remained lower compared to previous months. Suspect drug deaths are decreasing but remain higher compared to pre-pandemic (2019).

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Figure 1. Opioid poisoning-related ED visits and EMS calls and suspect drug-related and confirmed opioid poisoning deaths in Chatham-Kent, January 2020 to October 2023

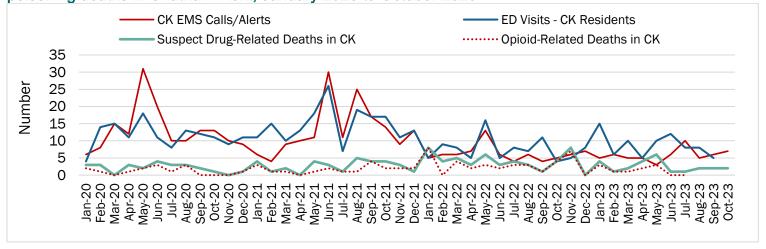
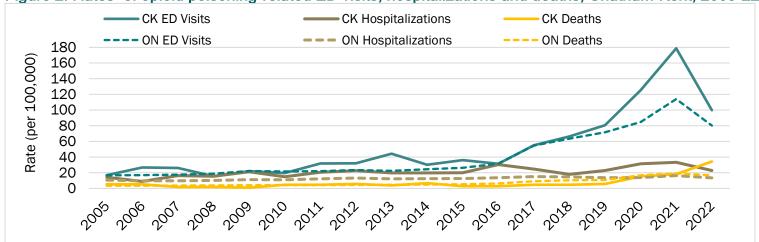


Figure 2. Rates⁴ of opioid poisoning-related ED visits, hospitalizations and deaths, Chatham-Kent, 2005-22



NOTES

⁴ 2019 to 2023 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, November 10, 2023. 2005 to 2022 ED visits, hospitalizations and deaths were obtained from Public Health Ontario's <u>Interactive Opioid Tool</u>. 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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¹Content and format of this information summary has been adapted from Lambton Public Health

² EMS calls up to and including October 2023 are based on calls for service by month provided by Chatham-Kent EMS for suspected opioid-related calls.

³ Emergency department visits were provided by the Ontario Ministry of Health and Long-Term Care (Weekly emergency department visits for opioid overdose Week 33: November 13-19, 2023). Ontario hospitals are required to report cases of opioid overdose presenting in their EDs to the Canadian Institute for Health Information. CK hospital visit data is unavailable for October 2023 and is expected to be unavailable for the short-term due to the regional hospital cyber attack. Results are considered preliminary and subject to change as emergency departments continue to submit data. Rates are based on 2022-2023 population projections, and 2019-2021 population estimates.