

OPIOID POISONING IN GREY BRUCE

2017 ANNUAL SUMMARY

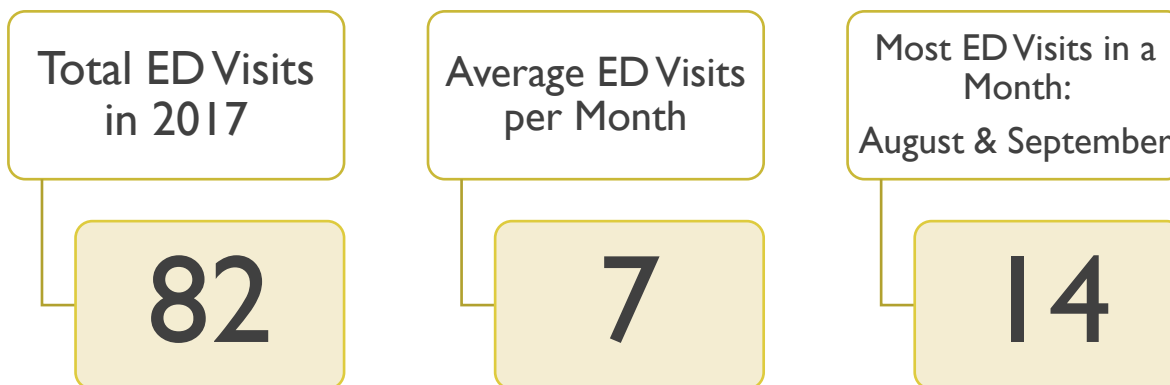


INTRODUCTION

Over the past decade there has been a significant increase in opioid-related harms in Ontario and across Canada. It is difficult to estimate the extent to which the opioid crisis has affected Grey Bruce, though trends in emergency room data suggest that increased attention is warranted. This brief report summarizes local data on the number of emergency department (ED) visits due to opioid poisoning in Grey Bruce in 2017. Keep in mind that healthcare utilization information provides an approximation of opioid-related harms, but does not present a complete picture. In this report, emergency department visits due to opioid poisoning in Grey Bruce are based on a patient's postal code (e.g. an opioid poisoning patient with a Markdale postal code visits any Ontario emergency department).

2017 OVERVIEW

In 2017, there were 82 emergency department visits due to opioid poisoning by Grey Bruce residents, up from 60 ED visits in 2016. The average number of ED visits per month was 7. Fourteen ED visits due to opioid poisoning were recorded in both August and September, which is the highest number recorded in a single month in Grey Bruce to date.

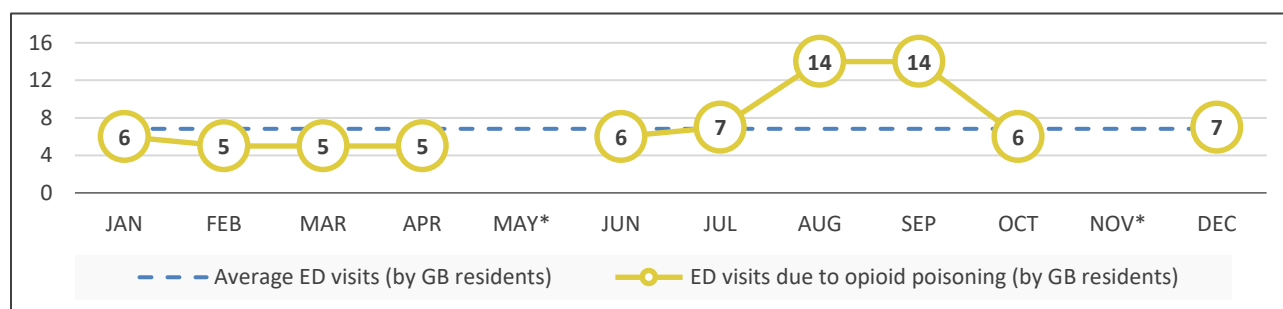


Data Source: National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health (CIHI), via Ministry of Health and Long-Term Care.
Updated September 13, 2018

THE NUMBER OF OPIOID POISONINGS WAS HIGHEST DURING THE SUMMER MONTHS

In 2017 there was an **average of around 7 ED visits per month due to opioid poisoning** by Grey Bruce residents, up from 5 per month in 2016. The number of monthly ED visits by Grey Bruce residents peaked in August and September at 14 ED visits (Fig 1). The 14 ED visits recorded in both August and September is the highest number of ED visits in one month due to opioid poisoning recorded in Grey Bruce to date.

Figure 1. Monthly ED Visits due to Opioid Poisoning by Grey Bruce Residents, 2017



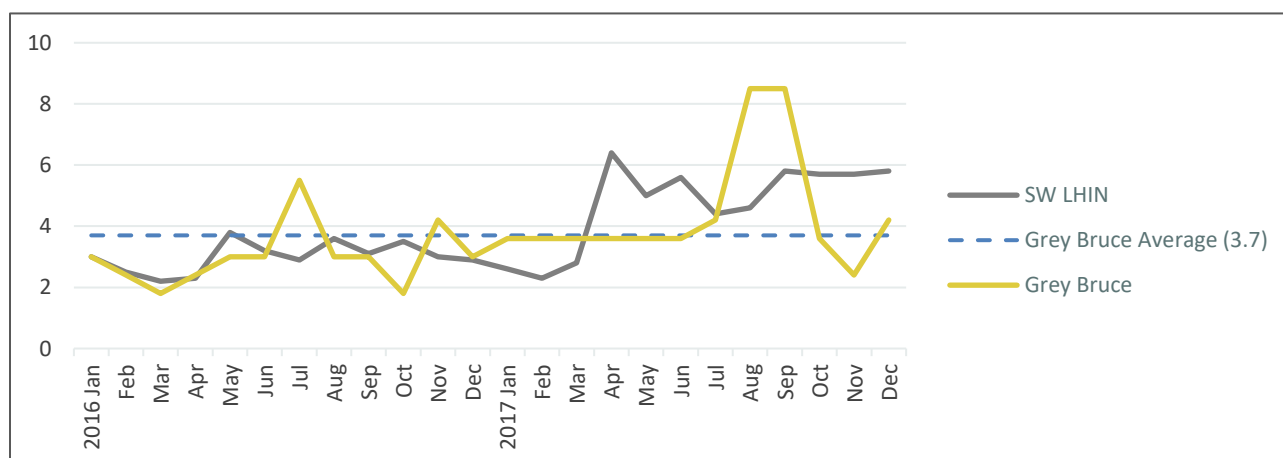
* Monthly ED visits totalling 1 to 4 are excluded to maintain patient privacy

Data Source: National Ambulatory Care Reporting System (NACRS), via [Public Health Ontario](#). Updated September 13, 2018

LOCAL RATES OF ED VISITS PER MONTH ARE SIMILAR TO RATES ACROSS THE SOUTHWEST LHIN

During an average month in 2017, 3.5 of every 100,000 Grey Bruce residents visited the ED due to opioid poisoning (Fig 2). Monthly rates (per 100,000 population) of ED visits due to opioid poisoning for residents of Grey Bruce tend to be similar to rates for residents of the Southwest Local Health Integration Network (LHIN) (Fig 2). Both Grey Bruce and the Southwest LHIN saw a rise in rates in 2017, but in Grey Bruce this rise was more pronounced and occurred later in the year. The Southwest LHIN encompasses all of Bruce and part of Grey County, along with Elgin, Huron, Middlesex, Oxford and Perth counties, and part of Norfolk County.

Figure 2. Monthly Rates of ED Visits due to Opioid Poisoning (per 100,000 population), by Residents of Grey Bruce and Residents of the Southwest LHIN, 2016-2017

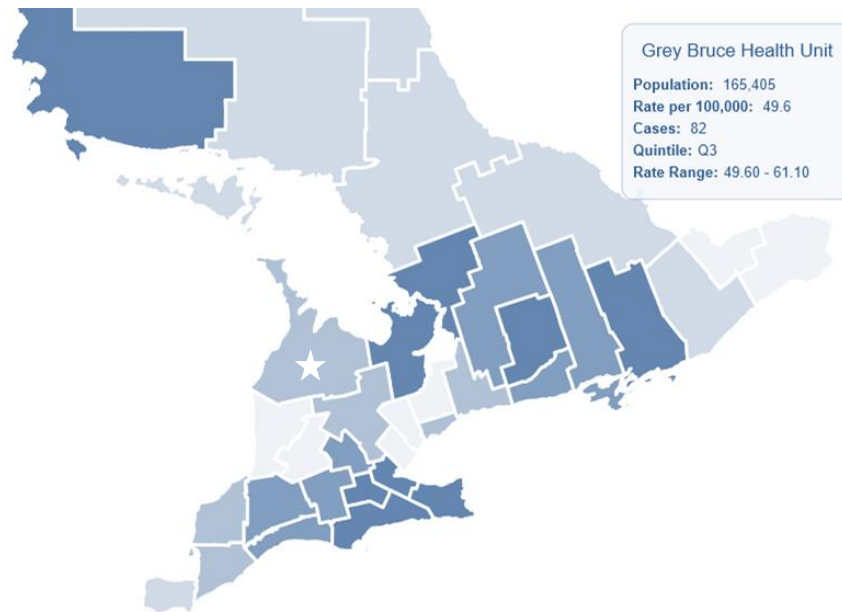


Data Source: National Ambulatory Care Reporting System (NACRS), via [Public Health Ontario](#). Updated September 13, 2018

LOCAL RATES ARE MID-RANGE PROVINCIALY

In 2017, the annual rate of ED visits due to opioid poisoning in Grey Bruce was neither high nor low when compared to the rates of other public health units across Ontario. In the map below, health regions with higher rates are shaded darker and those with lower rates are shaded lighter (Fig 3).

Figure 3. Annual rates of ED Visits due to Opioid Poisoning, Ontario, 2017

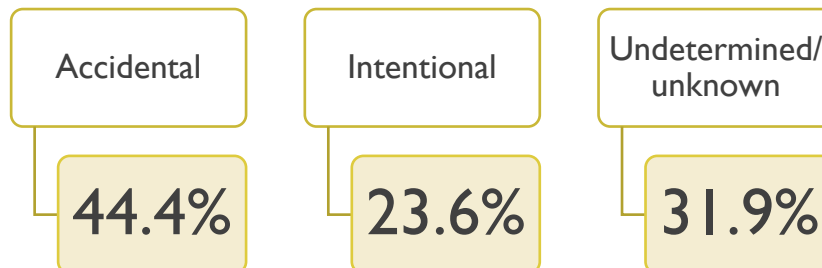


Data Source: National Ambulatory Care Reporting System (NACRS), via [Public Health Ontario](#). Updated September 13, 2018

MOST OPIOID POISONINGS ARE ACCIDENTAL

Between April of 2017 and March of 2018, 44.4% of ED visits due to opioid poisoning among Grey Bruce residents have been accidental overdoses, 23.6% have been intentional overdoses, and 31.9% have been overdoses of an unknown or undetermined cause (no intent was recorded or more than one intent was recorded) (Fig 4). Note that intentional overdoses are likely to be underestimated.¹

Figure 4. Total ED Visits due to Opioid Poisoning by Grey Bruce Residents, by Cause (%), Apr 2017-Mar 2018



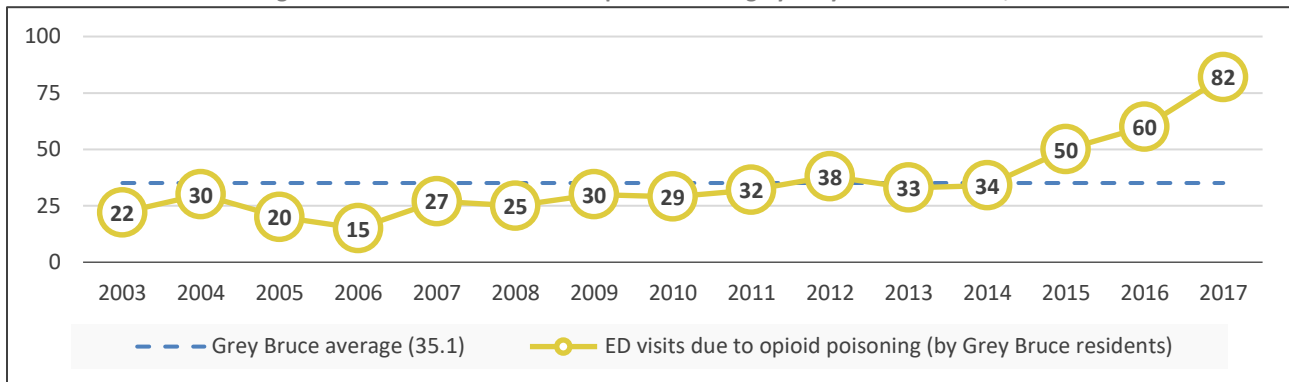
Data Source: National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health (CIHI), via Ministry of Health and Long-Term Care. Updated September 11, 2018

¹ Skinner, R., McFaul, S., Rhodes, A.E., Bowes, M., & Rockett, I.R.H. (2016). Suicide in Canada: Is Poisoning Misclassification an Issue? *Can J Psychiatry*, doi: 10.1177/0706743716639918.

THE ANNUAL NUMBER OF ED VISITS DUE TO OPIOID POISONING DOUBLED IN RECENT YEARS

Since 2003 there has been an average of around 34 ED visits per year due to opioid poisoning by Grey Bruce residents (Fig 5). Between 2003 and 2014, the annual number of visits fluctuated between 15 and 38. Over the past few years, however, the number of ED visits per year due to opioid poisoning by Grey Bruce residents has more than doubled from 34 in 2014 to 82 in 2017. This increasing trend is also occurring at the provincial level (not pictured).

Figure 5. Annual ED Visits due to Opioid Poisoning by Grey Bruce Residents, 2003-2017

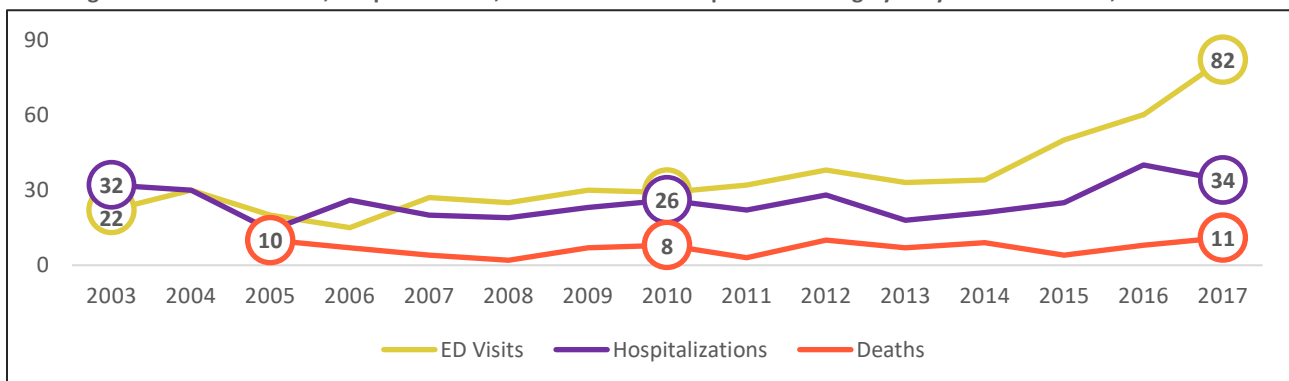


Data Source: National Ambulatory Care Reporting System (NACRS), via [Public Health Ontario](#). Updated September 13, 2018

HOSPITALIZATIONS AND DEATHS HAVE REMAINED STABLE LOCALLY

While the number of ED visits due to opioid poisoning has increased in Grey Bruce since 2003, no increase has been observed in the number of hospitalizations or deaths due to opioid poisoning (Fig 6). Provincially, the number of ED visits increased from 1,858 in 2003 to 7,764 in 2017, while hospitalizations increased from 1,188 to 2,142, and deaths increased from 366 to 1,265 over that time period (not pictured).

Figure 6. Annual ED Visits, Hospitalizations, and Deaths due to Opioid Poisoning by Grey Bruce Residents, 2003-2017



Data Source: National Ambulatory Care Reporting System (NACRS), via [Public Health Ontario](#). Updated September 13, 2018. Note that death data is only available at the public health unit level beginning in 2005.