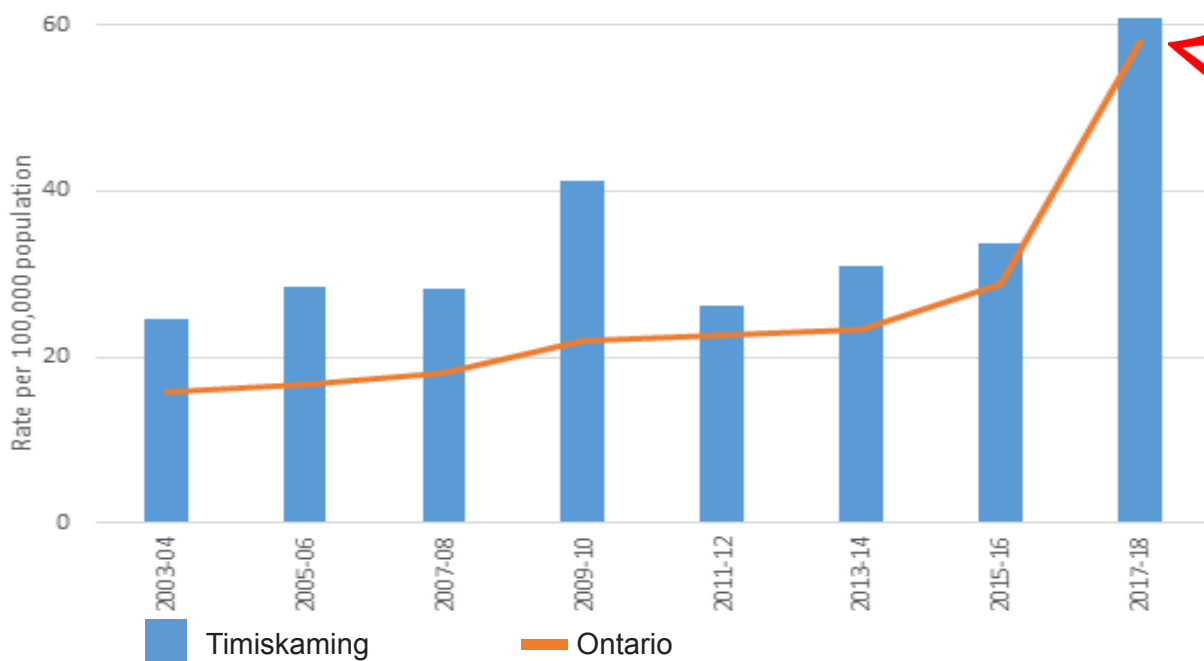# OPIOID POISONINGS IN TIMISKAMING: A Snapshot

Substance use, including opioids, is a multi-faceted health and social issue impacted by many social determinants of health such as poverty, mental health, housing insecurity, and community belonging. Solutions need to be comprehensive with partnerships across sectors, including engagement of those with lived experience. Many multi-sectoral actions are happening at the local, regional, and provincial level to address the opioid situation in Timiskaming.

EMERGENCY DEPARTMENT VISITS

Rate per 100,000 population — Timiskaming (bar), Ontario (line); years 2003-04 through 2017-18

Over the past 15 years, there has been a rise in Emergency Department visits for opioid poisoning. In 2017 and 2018, both Ontario and Timiskaming saw a spike[1,2,3].

Emergency Department Visits - THU conducts emergency department surveillance for potential opioid poisonings through a system called 'Acute Care Enhanced Surveillance System'[4]. This system monitors the chief complaint a patient presents to the emergency department.

The data below represents hospital visits for potential opioid poisonings in the THU catchment area from 2017-2018.

4 per MONTH
On average there are 4 visits per month to the Emergency Departments.

PM
The most common time of the day to present to the Emergency Department is between 7pm and 12am.
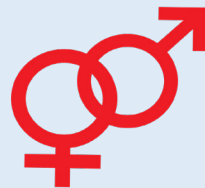
45-64
Most Emergency Department visits were for individuals between 45-64 years of age as compared to Ontario where most cases were 25-44.
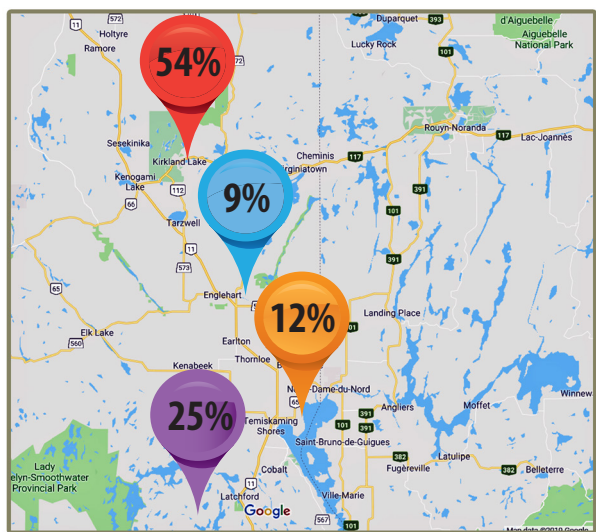
SUNDAY
Sunday is the most common day of the week to present at the Emergency Department, followed by Monday and Saturday.

In Timiskaming, visit rates for men and women were the same[1].

HOSPITAL LOCATIONS OF SUSPECTED OPIOID POISONING:

Kirkland Lake and District Hospital (54%)

Englehart and District Hospital (9%)

Temiskaming Hospital (12%)

Timiskaming Residents in other Ontario Hospitals (25%)

In 2015-17, our rate of opioid related hospitalizations was almost double Ontario's[1].

We have an average of 3 opioid-related deaths per year in Timiskaming.[1] In Ontario there were 1,265 deaths in 2017[1].
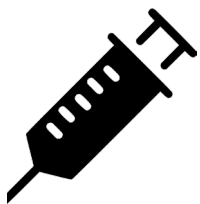
The rate of dying in Timiskaming from an opioid poisoning is more than double Ontario's rate (2013-16)[1].

WHAT THU IS DOING:

In 2018, over 400 Naloxone kits were distributed in the THU district[5] by both THU and pharmacies to individuals who use opioids and their family and friends. Naloxone kits have been distributed to volunteer fire services in the Timiskaming District. Fire Services currently stocking kits include: Kirkland Lake, Matachewan, Elk Lake, Englehart, Earlton, Cobalt, Sesekinika and Hudson and Harley townships.

THU is completing an opioid situational assessment to help inform local decision making. This includes data from community providers, interviews with individuals who use opioids, and population health data.

The needle exchange program offered through THU provides drug use supplies to community members to reduce the risk of infections. In 2018, 329 contacts were made with the needle exchange program and the primary drug of choice for injection was morphine and the primary drugs being smoked were methamphetamines (as reported by clients).

THU is working towards developing an early warning system to identify and respond to a surge in opioid poisonings. Key surveillance system indicators will allow us to monitor trends over time.

NEXT STEPS:

1 Continue to support community organizations interested in harm reduction supplies and Naloxone.

2 Contact community partners to support an Early Warning System.

3 Share results of the assessment and engage local partners in developing a comprehensive Opioid Response Plan. This will build on the existing work of community partners.

Contact: Timiskaming Health Unit at 705-647-4305

Notes:

Emergency department visit data from the Ministry of Health and Long-Term Care and Public Health Ontario's Interactive Opioid Tool includes all unscheduled ED visits for opioid poisoning. Prior to April 2018, the ICD-10-CA codes included T40.0 (poisoning by opium), T40.1 (poisoning by heroin), T40.2 (poisoning by other opioids), T40.3 (poisoning by methadone), T40.4 (poisoning by other synthetic narcotics), T40.6 (poisoning by other and unspecified narcotics). After April of 2018 T40.2 changed to only include 40.20, 40.21, 40.22, 40.23, and 40.28 and 40.4 changed to include only 40.40, 40.41, and 40.48. In general, the definitions of the ICD10 codes were expanded to include more specific types of opioids. There may be some error associated with the adaptation to this change in coding. These data exclude cases with a suspected diagnosis. These data are preliminary for 2018 Emergency Department Visits as they are collected as part of a weekly reporting initiative by Ontario Hospitals.

The Acute Care Enhanced Surveillance System data are classified based on the chief complaint that the triage nurse records for the visit and does not represent the resulting medical diagnosis for the visit. The inclusion criteria are as follows: 10 years of age and over, the chief complaint includes the term 'overdose', 'OD', 'drug misuse/abuse, substance misuse/abuse/intoxication, or symptoms of an overdose. It excludes non-opioid drugs, over-the-counter drugs, alcohol related visits, withdrawal, detox, intentional harm, and drug seeking behaviour.

Limitations:

Data from emergency department visits may only capture those who visit the emergency department and may not capture the total burden in the population. Furthermore, Ontario residents who visit an emergency department outside of Ontario are not included.

References:

[1] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool

[2] Ministry of Health and Long-Term Care. Weekly emergency department visits for opioid overdose FY2018/19 Week 45: 04-Feb to 10-Feb 2018. Original data from National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health (CIHI)

[3] Population Projections, 2017–2018, Ontario Ministry of Health and Long-Term Care, IntelliHealth ONTARIO, extracted Feb 2018.

[4] Acute Care Enhanced Surveillance System (ACES) data from 2017-2018. Ministry of health and Long-Term Care and Kingston, Frontenac and Lennox & Addington Public Health. Available from https://www.kflaph.ca/en/index.aspx. Accessed March 2019.

[5] Ontario Drug Policy Research Network. Ontario Prescription Opioid Tool. Toronto, ON; July 2018. DOI: 10.31027/ODPRN.2018.01. Available from: https://odprn.ca/ontario-opioid-drug-observatory/ontario-prescription-opioid-tool/