

Fall 2018

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Opioid harms on the rise

On December 12, 2018 — in collaboration with the Public Health Agency of Canada and Health Canada — the Canadian Institute for Health Information (CIHI) released an updated report on opioid-related harms in Canada. This new report states that the rates of harm due to opioid poisoning continue to rise. In 2017, there were 17 hospitalizations every day, on average, in Canada — an increase from 16 per day in 2016. Over the past 5 years, the rate of hospitalizations related to opioid poisoning has increased by 27%.

The analysis also found that smaller cities are experiencing some of the greatest harms. Opioid poisoning hospitalization rates in smaller communities (with a population between 50,000 and 99,999) were more than double those in Canada's largest cities.

New to the report is a look at other kinds of opioid harms that Canadians are experiencing, including neonatal withdrawal syndrome, opioid use disorders and adverse drug reactions from opioids.

Dr. Jeff Eppler, an emergency department physician in Kelowna, and Tin Vo, a health planner with the Brant County Health Unit, [share their experiences](#) as they relate to some of the report's key findings. To read the full report, visit [Opioid-Related Harms in Canada](#).



Opioid poisoning hospitalization rates in smaller communities were more than double those in Canada's largest cities in 2017



Here's what we're working on

New opioid prescribing report

Anticipated release: Spring 2019

This spring, CIHI will release a report focused at the patient level on those who start new therapy with prescribed opioids and those who have been taking opioids long term. The report will assess how dosing trends have changed since the crisis began and will look at the impact of interventions such as the release of [The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#).

Shared Health Priorities

CIHI is now in phase 2 of the Shared Health Priorities (SHP) work. In June 2018, Canadian health ministers endorsed a set of 12 indicators that will measure access to mental health and addictions services and to home and community care.

Endorsed indicators related to access to mental health and addictions services include the following:

- Wait Times for Community Mental Health Services, Referral/Self-Referral to Services;
- Early Identification for Early Intervention in Youth Age 10 to 25;
- Awareness and/or Successful Navigation of Mental Health and Addictions Services;
- Rates of Repeat Emergency Department and/or Urgent Care Centre Visits for a Mental Health or Addiction Issue;
- Hospitalization Rates for Problematic Substance Use; and
- Rates of Self-Injury, Including Suicide.

Over the next 4 years, CIHI will annually report on 3 new indicators. The first public release is scheduled for May 2019.

For more information on CIHI's SHP work, please visit cihi.ca or email sharedhealthpriorities@cihi.ca.



In case you missed it

New ICD-10-CA codes to identify opioid poisonings

The *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada* (ICD-10-CA) is a tool used in Canadian hospitals to capture a diagnosis in patient charts. Every disease, disorder, injury, infection and symptom has its own ICD-10-CA code. The [latest version](#) — which took effect April 1, 2018 — can now more specifically identify the types of opioids involved in a poisoning. For example, previously it was not possible to identify fentanyl poisonings since these were included in a broad category (T40.4) with many other forms of synthetic narcotics. However, in version 2018, it is now possible to identify poisonings due to fentanyl and derivatives (T40.40).

The new opioid poisoning codes are listed below:

- T40.20 Poisoning by codeine and derivatives
- T40.21 Poisoning by morphine
- T40.22 Poisoning by hydromorphone
- T40.23 Poisoning by oxycodone
- T40.28 Poisoning by other opioids, not elsewhere classified
- T40.40 Poisoning by fentanyl and derivatives
- T40.41 Poisoning by tramadol
- T40.48 Poisoning by other synthetic narcotics, not elsewhere classified

Measuring Prescription Opioid Use

This December, CIHI released [Measuring Prescription Opioid Use](#). The information sheet provides an overview of 2 measures commonly used when analyzing prescription opioid utilization trends:

- Defined daily dose (DDD) is the assumed average maintenance dose per day for a drug used for its main indication in adults.
- Morphine milligram equivalence (MME) uses ratios relative to the potency of an opioid to convert doses from one opioid to another using morphine as the standard for the purpose of pain control.

This information sheet outlines considerations for the use of each measure, how to calculate them and examples of how the 2 measures differ.

Types of Opioid Harms in Canadian Hospitals: Comparing Canada and Australia

CIHI and the Australian Institute of Health and Welfare worked together to develop and release parallel reports that examined the different types of opioid harms being seen in Canada and Australia. The goals of the collaboration were to explore the usefulness of international comparisons and to learn from each other, as well as to expand our understanding of Canada's opioid crisis beyond poisonings. Both organizations examined the dispensing of prescription opioids as well as opioid-related visits to emergency departments and hospitals.

CIHI's report, [Types of Opioid Harms in Canadian Hospitals: Comparing Canada and Australia](#), was released on November 8. It falls under CIHI's international comparisons portfolio and was developed independently from CIHI's regular surveillance of the opioid crisis in Canada. Australia's report, [Opioid Harm in Australia and Comparisons Between Australia and Canada](#), was released on November 9.

Opioid Symposium

On September 5 and 6, Health Canada — in association with *The Globe and Mail* and with support from the Canadian Centre on Substance Use and Addiction and the Centre for Addiction and Mental Health — hosted the Opioid Symposium in Toronto. The meeting had 3 objectives:

- To place the voices of people with lived and living experience at the centre of the discussion;
- To promote increased access to treatment and harm reduction; and
- To recognize the different aspects of the opioid crisis and discuss opportunities for collaboration.

CIHI attended the symposium and, over the course of 2 days, listened to sessions that spoke of

- The stigma experienced by people who use drugs and people with chronic pain;
- The impacts of the opioid crisis on Indigenous communities;
- Innovative approaches to treatment and prevention;
- Compliance and enforcement; and
- International perspectives.

For more information, visit [Health Canada's website](#).



New and notable from our partners

Canadian Centre on Substance Use and Addiction

New report and infographics demonstrate the economic costs and harms of substance use in the Canadian provinces and territories

Newly released resources from the Canadian Substance Use Costs and Harms project highlight the economic costs of substance use in [Canada](#) and in each of the [provinces and territories](#). The project's main areas of focus span 4 broad areas: health care, lost productivity, criminal justice and other direct costs. It also covers a wide range of substances, including alcohol, tobacco, cannabis, opioids and central nervous system (CNS) depressants, cocaine and CNS stimulants, hallucinogens and inhalants.

These national and provincial/territorial profiles were released in partnership by the Canadian Centre on Substance Use and Addiction (CCSA) and the University of Victoria's Canadian Institute for Substance Use Research (CISUR).

They are the second suite of resources published from this landmark project. This past summer saw the release of [Canadian Substance Use Costs and Harms 2007–2014](#). It details overall costs of substance use in Canada, which totalled \$38.4 billion in 2014 (or \$1,100 per person).

A forthcoming feature resource for the project is an online data visualization tool, which will allow users to explore the substance use costs and harms data, and create customized figures and tables too. The tentative release date for the tool is early 2019.

Canadian Agency for Drugs and Technologies in Health

The Canadian Agency for Drugs and Technologies in Health (CADTH) continues to navigate through the evidence to help support informed decision-making regarding opioid-use disorder and pain management.

3 new Mind the Research Gaps tools are available. These tools highlight the lack of data or high-quality evidence surrounding the various methods of pain management and where more research is needed.

2 new rapid responses are now available:

- [*Telehealth-Delivered Opioid Agonist Therapy for the Treatment of Adults With Opioid Use Disorder: Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines*](#); and
- [*Programs for the Reduction or Discontinuation of Opioids or Opioid Substitution Therapy: A Review of the Clinical Effectiveness*](#).

Evidence bundles

For more information about CADTH's response to the opioid crisis and evidence, please see its online [opioid](#) and [pain](#) evidence bundles.

Health Canada

Canadian Tobacco, Alcohol and Drugs Survey

On October 30, 2018, Health Canada released the results of the 2017 [Canadian Tobacco, Alcohol and Drugs Survey](#) (CTADS). Conducted every 2 years, CTADS is a survey on substance use among Canadians age 15 and older.

Some highlights from the 2017 survey are as follows:

- The prevalence of illegal drug use has increased from 13% in 2015 to 15% (4.5 million) in 2017.
- Prior to legalization, cannabis was the most used illegal drug. In 2017, the prevalence of past-year use was 15% (4.4 million), an increase compared with 2015 (12% or 3.6 million).
- Those who reported having consumed alcohol, tobacco, cannabis and other illegal drugs tended to be higher among males and those age 20 to 24.

Statistics Canada

National Cannabis Survey

The latest findings from Statistics Canada's National Cannabis Survey (NCS) found that 14% of cannabis users with a valid driver's licence reported having driven within 2 hours of use. The survey, which is being conducted throughout 2018, is designed to better understand cannabis use in Canada and to monitor changes with the legalization of cannabis for non-medical use. It is used with other data sources to understand how the legalization of cannabis could impact the Canadian economy as well as other health and social services.

For more highlights from the most recent round of data collection, visit [NCS 3rd quarter, 2018](#).

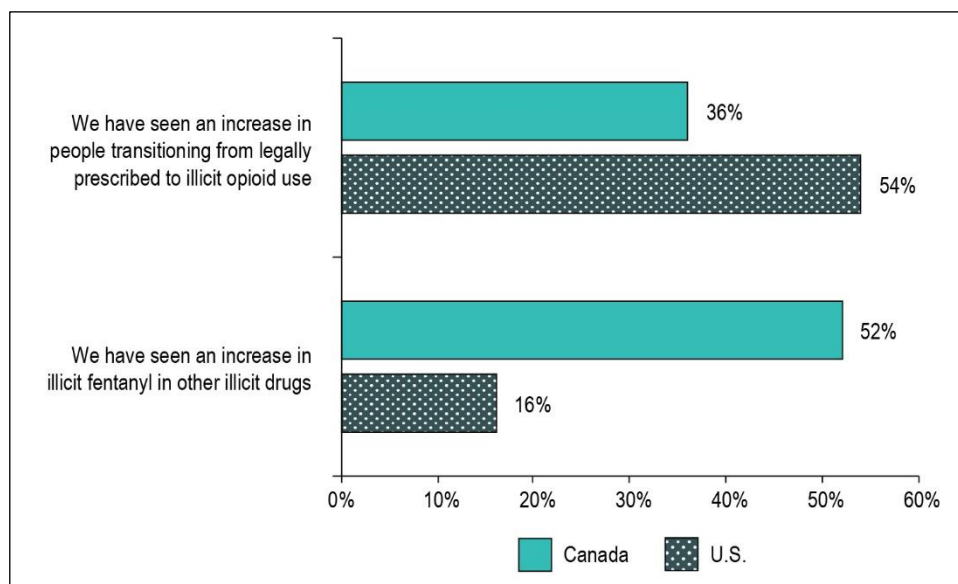


Did you know?

2018 Canada–U.S. community health centres survey

More than one-third (36%) of community health centres surveyed across Canada have seen an increase in people transitioning from legally prescribed to illicit opioid use. More than half (52%) also indicated that they have seen an increase in illicit fentanyl in other illicit drugs. A new report by the Canadian Association of Community Health Centres asked how the opioid crisis is affecting communities served by community health centres in their regions, drawing comparisons with the United States.

Figure Community health centres' survey response to how the opioid crisis is affecting communities they serve



Source

Canadian Association of Community Health Centres. [Agents of Care, Agents of Change: Report from 2018 Canada–U.S. Community Health Centres Survey](#). 2018.



Where we'll be next

Stop by the CIHI booth and say hello!

[The Canadian Society of Hospital Pharmacists Professional Practice Conference](#)

Toronto, Ontario, February 2 to 5, 2019



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Appendix: Text alternative for image

Of the community health centres surveyed across Canada, 36% reported seeing an increase in people transitioning from legally prescribed to illicit opioid use, compared with 54% of U.S. respondents.

52% of Canadian respondents saw an increased presence of illicit fentanyl in other illicit drugs, compared with 16% of U.S. respondents.