

Fall 2017

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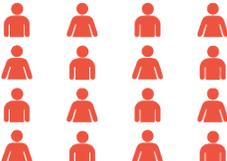
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Opioid-Related Harms in Canada

The rise in harms associated with opioids continues to be an urgent public health issue in Canada. On September 14, 2017, the [Canadian Institute for Health Information](#) (CIHI) released updated pan-Canadian data on hospitalizations and emergency department (ED) visits due to opioid poisonings. The chartbook [Opioid-Related Harms in Canada](#) includes 10 years of hospitalization data from across Canada, as well as 5 years of ED data from Ontario and Alberta. For the first time, CIHI also included municipal-level data on the topic for some of Canada's largest cities.

16 

Average number of opioid poisonings resulting in hospitalization each day in Canada

The analysis found that opioid poisonings result in an average of 16 hospitalizations a day in Canada. Over the past 10 years, the rate of hospitalizations due to opioid poisoning has increased by 53%, to 15.6 per 100,000 population; the majority of this increase occurred over the past 3 years. While hospitalization rates increased in most provinces and territories during this time period, rates are generally higher in Northern and Western Canada than in Eastern Canada.

The analysis also found that opioid poisonings result in an average of 11 ED visits in Alberta and 13 ED visits in Ontario each day. Over the past 5 years, rates of ED visits due to opioid poisoning have more than doubled in Alberta and have increased by more than 50% in Ontario.

CIHI will continue to publish updated information on opioid-related harms on a regular basis as more data becomes available, including ED data for additional jurisdictions. CIHI is working closely with the provinces and territories to improve the coverage and comprehensiveness of the ED data that it receives through its National Ambulatory Care Reporting System (NACRS).

Hospital mental health services in Canada

In August 2017, CIHI released [updated data](#) on hospitalizations for mental illness and addiction across Canada. This year, for the first time, mental and behavioural disorders due to the use of cannabinoids (e.g., marijuana) were included. In 2015–2016, the age-standardized separation rate for mental and behavioural disorders due to the use of cannabinoids was 6.7 per 100,000 population. This was higher than the separation rate for disorders involving sedatives but lower than the rate for disorders involving opioids or stimulants. Also that year, the average length of stay for individuals with a mental and behavioural disorder due to the use of cannabinoids was 12 days — higher than the average for disorders involving opioids (9 days), sedatives (8 days) or stimulants (7 days).

Visit CIHI's [Quick Stats](#) to learn more about hospital mental health services in Canada.



Coming soon

Pan-Canadian Trends in Opioid Prescribing

(Release date: November 22, 2017)

Canada is one of the world's largest per capita consumers of opioids. High levels of prescribing not only cost health care systems in terms of spending on drugs and related harms, but are also a public health and safety concern. Using 5 years of data from community pharmacies, this report will measure changes in the number of prescriptions, the amount and types of opioids dispensed, and the number of patients receiving prescriptions for opioids.



New and notable from our partners

Apparent Opioid-Related Deaths in Canada

On September 14, 2017, the Government of Canada released updated data on [apparent opioid-related deaths in Canada](#). Data was collected from provinces and territories by the Public Health Agency of Canada. The updated data indicates that there were 2,816 apparent opioid-related deaths in Canada in 2016. From January to March 2017, there were at least 602 apparent opioid-related deaths, and it is expected that this number will rise as additional data becomes available.

Ontario Drug Policy Research Network

The [Ontario Drug Policy Research Network](#) released a report in August 2017 describing characteristics and patterns of opioid use in Ontario, including demographics, use of health services and geographic variations. The report, [Behind the Prescriptions](#), found that the number of people receiving prescription opioids has remained stable but the quantity of drugs dispensed (in milligrams of morphine or equivalent) has declined considerably. The report also found that while opioids are being prescribed for pain similarly across all incomes, those seeking treatment for opioid addiction and those dying of an opioid-related overdose are still disproportionately from lower socio-economic groups. This report is the first to link data from Ontario's Narcotics Monitoring System to information from other health databases to provide a detailed look at characteristics of opioid users.

Health Quality Ontario

A May 2017 [report](#) from [Health Quality Ontario](#) looked at the current state of opioid prescribing in Ontario. The report revealed that individuals in Ontario filled more than 9 million prescriptions for opioids in 2015–2016, up by nearly 450,000 prescriptions from 3 years earlier. The report also found that the opioids being prescribed have shifted toward stronger types like hydromorphone and away from weaker opioids like codeine.

Canadian Centre on Substance Use and Addiction

In August 2017, the [Canadian Centre on Substance Use and Addiction](#), in partnership with the Canadian Community Epidemiology Network on Drug Use (CCENDU), released a bulletin looking at [substance-related harms at Canadian music festivals](#).

This bulletin summarized information on substance-related harms to help inform those providing harm reduction and medical services at music festivals across Canada. The bulletin included qualitative data and anecdotal reports on substance-related harms at recent Canadian music festivals. It was sent to more than 1,500 subscribers and was downloaded more than 500 times within 2 weeks of posting.

For information on CCENDU and to read previous CCENDU alerts and bulletins, visit www.ccendu.ca.

Canadian Agency for Drugs and Technologies in Health

[The Canadian Agency for Drugs and Technologies in Health](#)'s online evidence bundles have been updated with new reports and information:

[Opioid Evidence Bundle](#): Several new reports cover the comparative effectiveness of drugs used in maintenance therapy for opioid use disorder, including naltrexone and buprenorphine. A summary of the available evidence to date on Vivitrol has also been added.

[Pain Evidence Bundle](#): Summaries of available evidence for a wide range of non-pharmacological treatment options have been added, including physiotherapy, occupational therapy, exercise, manual therapy and other multidisciplinary treatments.

? Did you know?

Alcohol results in more hospitalizations in Canada than heart attacks

A recent CIHI report, [Alcohol Harm in Canada](#), found that in 2015–2016, there were about 77,000 hospitalizations entirely caused by alcohol, compared with about 75,000 hospitalizations for heart attacks. The report also found that Canadians with the lowest income levels were more likely to be hospitalized due to alcohol than those with higher incomes, despite a lower prevalence of heavy drinking. Specifically, rates of hospitalizations for the lowest-income neighbourhoods were 2.5 times higher than for the highest-income neighbourhoods in Canada.



To find out more about hospitalizations entirely caused by alcohol and strategies to reduce alcohol harm in Canada, read the [full report](#).

@ Where we'll be next

Stop by the CIHI booth and say hello to some of our team members!

[Issues of Substance](#)

Calgary, Alberta, November 13 to 15, 2017

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

Toronto, Ontario, February 3 to 7, 2018



Learn more

CIHI's commitment to this important topic is continuing. Find out more about [our role](#) in the national effort to address Canada's opioid crisis.

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