

SURVEILLANCE OF OPIOID MISUSE AND OVERDOSE IN MANITOBA

JANUARY 1 – MARCH 31, 2018

Epidemiology & Surveillance
Manitoba Health, Seniors and Active Living

Naloxone kits distributed in the province

Take-Home Naloxone program
138* ↓

Units shipped from the provincial
Materials Distribution Agency
warehouse
295 ↑

*There is a delay in reporting. Subject to change as data becomes available.

Naloxone Distribution

Naloxone administration due to suspected opioid overdose

Winnipeg
*Winnipeg Fire and Paramedic Service**
131 ↑

Northern and Rural Manitoba
Medical Transportation Coordination Centre
9 ↓

Provincial take-home naloxone program
overdose reports
11 ↑

* includes only those aged ≥ 9 years

Naloxone Administration

Hospital admissions data measures opioid poisonings; emergency room admission numbers are a reflection of overdose events of all types

Hospitalizations
25 ↓

Emergency room admissions*
280 ↓

* Winnipeg RHA only; includes only those aged ≥ 9 years

Severity

The Office of the Chief Medical Examiner reports on substance overdose deaths

Opioids have been a primary or contributing cause of death in approximately half of the annual deaths:

2014: **94/175** deaths (54%)
2015: **85/182** deaths (47%)
2016: **88/173** deaths (51%)
2017*: **106/192** deaths (55%)
2018**: **18 opioid-related deaths**

* Drug-related deaths occurring in 2017 were reviewed and reanalysed. As a result, the total number of deaths have changed since the 2017 fourth quarter report.

** Subject to change as toxicology results become available.

Mortality Trends (2014 – Mar 2018)

Number of opioid-related deaths between January and March 2018

Manitoba (total)
18*

Fentanyl-related opioids present
(including its analogs)
4* (22%* of total deaths)

Carfentanil (a fentanyl analog) present
1* (25%* of fentanyl deaths)

Crystal meth present:
0*

*Subject to change as toxicology results become available

Apparent opioid-related deaths

Number of Manitobans dispensed a prescription opioid

All opioids (total):
9,088 ↓

≤50 MME*/day: **4,167 ↓**
51-90 MME*/day: **2,311 ↓**
91-200 MME*/day: **1,861 ↓**
>200 MME*/day: **749 ↓**

* Morphine Milligram Equivalent per day

Opioid Prescription

The “increasing” and “decreasing” trends indicated by the arrows (↓ / ↑) refer to the change from updated 2017 fourth quarter numbers.

Given the increasing concerns of harm associated with opioid misuse and overdose in Manitoba, a surveillance system was established in the beginning of 2017 by collaborating with a range of stakeholders. To date, a baseline report and five quarterly reports have been publicly released. The number of naloxone kits shipped from the Materials Distribution Agency increased by 20% since the last quarter. Overdoses reported through the take-home naloxone program also increased by 27%. Based on available data, as of the first quarter of 2018, 18 apparent-opioid related deaths occurred in Manitoba. Amongst these deaths, fentanyl-related opioids (including its analogs) were present in 4 deaths (carfentanil was reported in one death). Apparent-opioid related deaths in 2017 was also revised following a final chart review: 192 drug-related deaths occurred in 2017, 106 (55%) were opioid related. The number of Manitobans dispensed a prescription for opioids, has also slightly declined (2%) since the last quarter. Manitoba continues to work closely with regional, provincial, and national stakeholders to improve prescription opioid monitoring, public awareness and education, prevention and harm reduction, and mental health and addiction treatment services.

SUMMARY

NOTE: Numbers are subject to change. Missed events in the current report due to a delay of submission to Manitoba Health, Seniors and Active Living will be included in later reports when data become available. | **CONFIDENTIALITY NOTICE:** This report contains confidential information. Any unauthorized use, disclosure, distribution or copying is strictly prohibited; we assume no liability for any loss or damage suffered as a result of same. Please notify the sender if you have received this report by mistake and then permanently dispose of it in a secure manner.

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