

March 13, 2023

MEMO TO: Mayor Preston and Members of City Council

FROM: Matt Smale, Corporate Administrative Clerk

SUBJECT: **City Council Meeting - March 13, 2023**

The following information is included on Monday's Council meeting agenda.

**COMMUNITY ENGAGEMENT AND SERVICES**

**NEW BUSINESS**

Community Consumption and Treatment Services

Report ADM-08-23 of the Strategic Initiatives Manager previously provided.

Supplementary information has been received from Southwestern Public Health. **Attached**

# Opioid-Related Harms in St. Thomas 2018 – 2021

## Key Points

- The rate of opioid-related harms has been on an upward trend for several years in St. Thomas. This trend is also evident in other municipalities in the Southwestern Public Health (SWPH) region and Ontario.
  - In 2021, the rate of opioid-related **emergency department (ED)** visits in St. Thomas was 126.1 per 100,000 people versus 114.0 per 100,000 in Ontario.
  - In 2021, the rate of opioid-related **hospitalizations** in St. Thomas was 72.4 per 100,000 people versus 16.3 per 100,000 in Ontario.
- In St. Thomas between 2018 and 2021, opioid-related harms were more common in males and those aged 24 to 44 years old. These trends are similar to other municipalities in the SWPH region and Ontario.

## Findings

### Trends in Counts of Opioid-Related Harms

- The number of opioid-related emergency department (ED) visits and hospitalizations in St. Thomas remained high over the course of the COVID-19 pandemic, with significant increases in both indicators in 2021 (**Table 1**).
- These trends are similar across the Southwestern Public Health (SWPH) region and the province, but in terms of counts, St. Thomas saw higher numbers of both ED visits and hospitalizations compared to Woodstock, the most heavily populated municipality in the SWPH region.

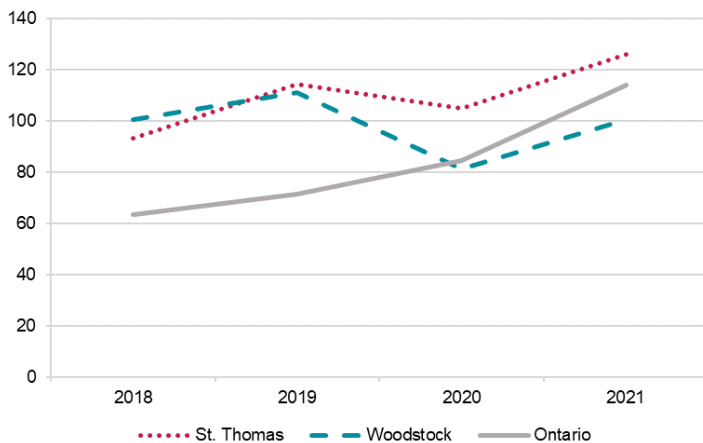
**Table 1:** Count of Opioid-Related Harms, 2018-2021

	2018	2019	2020	2021	TOTAL
<b>St. Thomas</b>					
Emergency Department Visits	40	50	46	54	190
Hospitalizations	24	26	23	31	104
<b>Woodstock</b>					
Emergency Department Visits	47	53	38	47	185
Hospitalizations	23	19	8	16	66

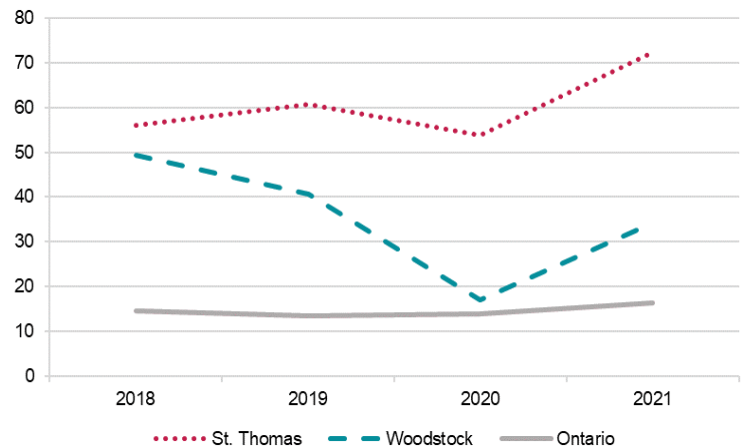
## Trends in the Rate of Opioid-Related Harms

- The increasing trends in the rates of opioid-related ED visits and hospitalizations are evident during the COVID-19 pandemic in St. Thomas (**Figure 1, Figure 2**).
- Historically, the rate of opioid-related ED visits was similar in St. Thomas and Woodstock, with the rate in Woodstock dropping slightly after 2019 while remaining high in St. Thomas.
  - However, the rate in Ontario rose more steeply compared to the rate in St. Thomas between 2018 and 2021 (**Figure 1**).
  - In 2021, the rate of opioid-related emergency department (ED) visits in **St. Thomas** was **126.1 per 100,00** versus **114.0 per 100,000** in **Ontario**.
- Similarly, the rate of opioid-related hospitalizations in St. Thomas has historically been higher than the Ontario rate, the rate in **Woodstock** was similar until about 2018. In 2018, the hospitalization rate began to drop in **Woodstock**, while it remained on an upward trajectory in St. Thomas (**Figure 2**).
  - In 2021, the rate of opioid-related hospitalizations in **St. Thomas** was **72.4 per 100,000** versus **16.3 per 100,000** in **Ontario**.
  - This would warrant further investigation to understand why St. Thomas residents appear to be at a higher risk of opioid-related hospitalizations.

**Figure 1:** Rates (per 100,000) of Opioid-Related Emergency Department Visits, St. Thomas, Woodstock, & Ontario, 2018 – 2021



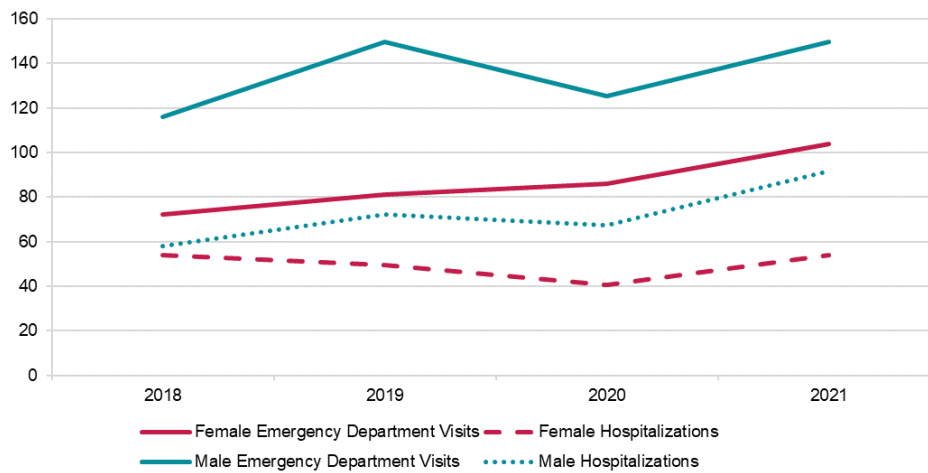
**Figure 2:** Rates (per 100,000) of Opioid-Related Hospital Admissions, St. Thomas, Woodstock, & Ontario, 2018 – 2021



## Trends in the Rate of Opioid-Related Harms by Age and Gender

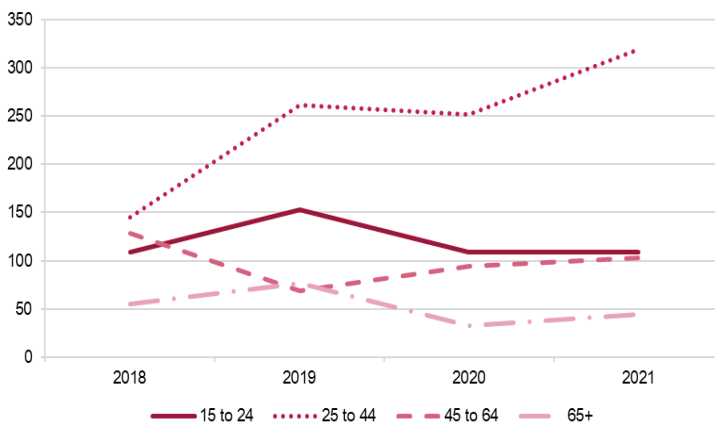
- Between 2018 and 2021, *opioid-related ED visits and hospitalizations* occurred more often among males compared to females (**Figure 3**).
  - In 2021, the rate of *opioid-related ED visits* among **males** in St. Thomas was **149.7 per 100,000** compared to **103.9 per 100,000** among **females**.
  - In 2021, the rate of opioid-related hospitalizations among **males** in St. Thomas was **91.7 per 100,000** compared to **54.2 per 100,000** among **females**.
- St. Thomas residents between the ages of 25- to 44-years-old made up the majority of opioid-related harms over the last several years.
  - This trend is evident in other municipalities in the SWPH region as well as Ontario.

**Figure 3: Rates (per 100,000) of Opioid-Related Emergency Department Visits & Hospitalizations by sex, St. Thomas, 2018 – 2021**

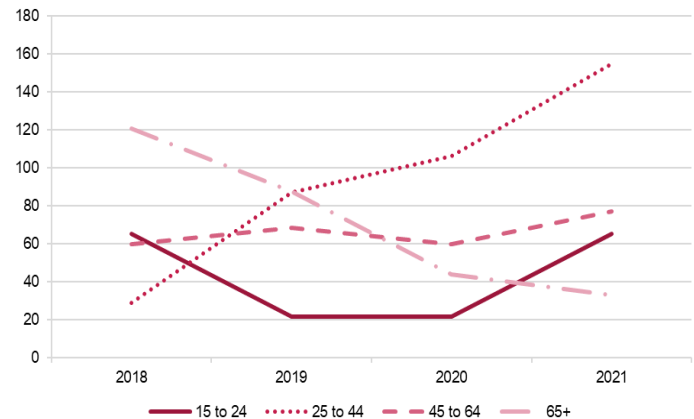


- The trend in *opioid-related ED visits* by age group was largely consistent between 2018 and 2021, with those aged 25- to 44- years-old consistently having a higher rate compared to all other age groups.
  - The ED rate among this age group rose to **319.1 per 100,000** in 2021. This was more than 3x higher than all other age groups (**Figure 4**).
- The trend in *opioid-related hospitalizations* by age group varied over time, with different age groups having higher rates than the others at different points between 2018 and 2021.
  - The 25- to 44-year-olds was the only age group to see significant increases in their hospitalization rate each year, increasing to **154.7 per 100,000** in 2021 compared to **29.0 per 100,000** in 2018 (**Figure 5**). This was 2-4x higher than all other age groups.
  - Also of note, St. Thomas residents aged 45- to 65- years-old saw the most consistent hospitalization rate overtime, indicating little improvement between 2018 and 2021 (**60.1 per 100,000** in 2018 vs. **77.2 per 100,000** in 2021).

**Figure 4: Rates (per 100,000) of Opioid-Related Emergency Department Visits by age group, St. Thomas, 2018 – 2021**



**Figure 5: Rates (per 100,000) of Opioid-Related Hospitalizations by age group, St. Thomas, 2018 – 2021**



## Data Notes

- The decrease in the counts and rates of opioid-related harms in 2020 may be artificial due to the impact of the COVID-19 pandemic, where visits to the hospital were being discouraged.
- **Data Source:** IntelliHEALTH (data extracted on March 07, 2023)
  - Only data until the end of 2021 is included, as data for 2022 is still considered preliminary.
- Data includes unscheduled ED visits for opioid poisoning (all diagnosis types).
- ICD-10-CA codes were used to pull data on visits/admissions pertaining to opioids. ICD-10-CA codes covered in the current analysis include:
  - T40.0 (poisoning by opium).
  - T40.1 (poisoning by heroin),
  - T40.20- T40.28 (poisoning by codeine and derivatives [T40.20], poisoning by morphine [T40.21], poisoning by hydromorphone [T40.22], poisoning by oxycodone [T40.23], poisoning by other opioids not elsewhere classified [T40.28]),
  - T40.3 (poisoning by methadone),
  - T40.40-T40.48 (poisoning by fentanyl and derivatives [T40.40], poisoning by tramadol [T40.41], poisoning by other synthetic narcotics not elsewhere classified [T40.48]),
  - T40.6 (poisoning by other and unspecified narcotics).
- Cases with a query or suspected diagnosis (diagnosis prefix = Q) were excluded.
- Recent mortality data is not *currently* available at this granular level and therefore was excluded from this report.
- Population counts used for the calculation of rates were from the 2021 Census.
- Rates are calculated as follows:  $\frac{\# \text{ ED Visits or Hospitalizations}}{\text{Total Population}} \times 100,000$

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**Date:** March 10, 2023