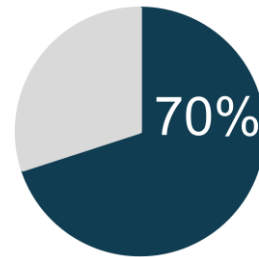
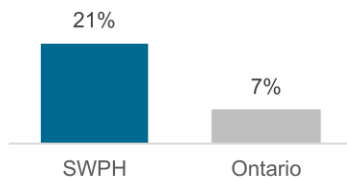


## Opioid Deaths, Southwestern Public Health

### Key Findings

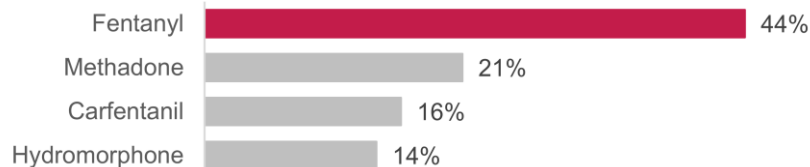
- In the Southwestern Public Health region, programs and services related to opioid use should focus on reducing harms among males and people who are unemployed.
- A higher proportion of opioid-related deaths in the Southwestern Public Health region were intentional and therefore should be considered in suicide prevention strategies.
- These data include deaths from May 2017 to June 2019 and are based on coroner reports.

A higher proportion of opioid deaths in the **SWPH region** were **intentional**



of people who died from opioid overdoses were male

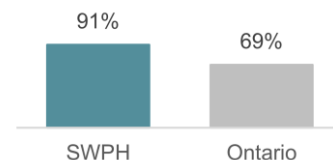
**Fentanyl** was the most common opioid directly contributing to deaths



**75%**

of unintentional opioid deaths were among **people who were unemployed**

A higher proportion of opioid deaths in the **SWPH region** happened **at home**

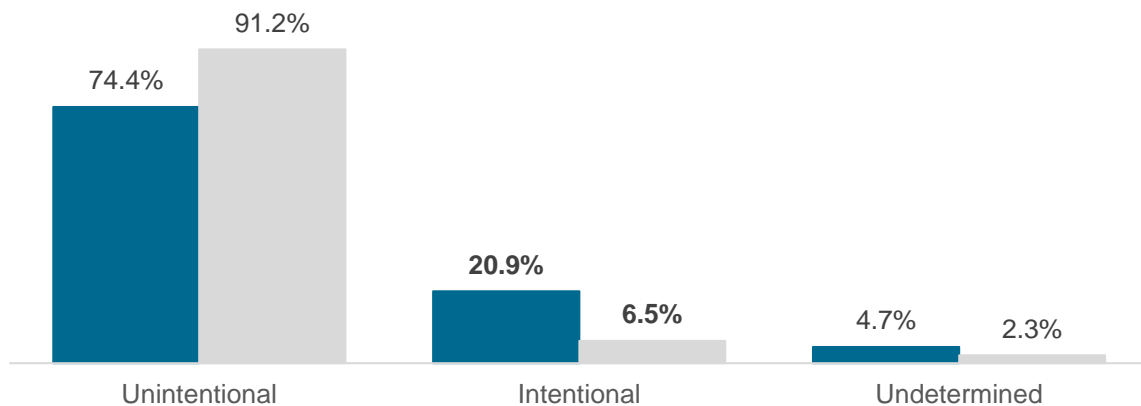


Quarterly data have been added to the [Opioid Monitoring Dashboard](#), which will continue to be updated as data are received.

## Results Summary

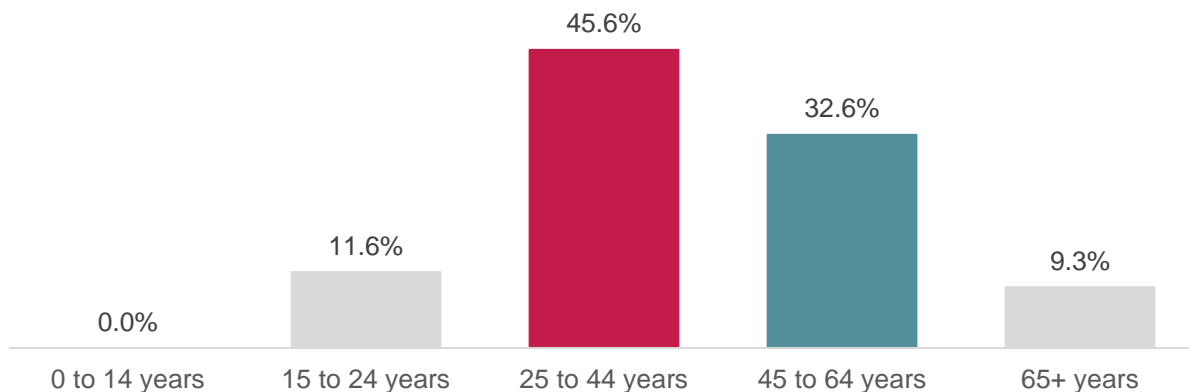
From May 2017 to June 2019, there were 43 opioid-related deaths in the Southwestern Public Health (SWPH) region. Almost three-quarters (74.4%) of opioid-related deaths were unintentional compared to 91.2% in Ontario.

**A larger proportion of opioid-related deaths in the SWPH region were intentional compared to Ontario**



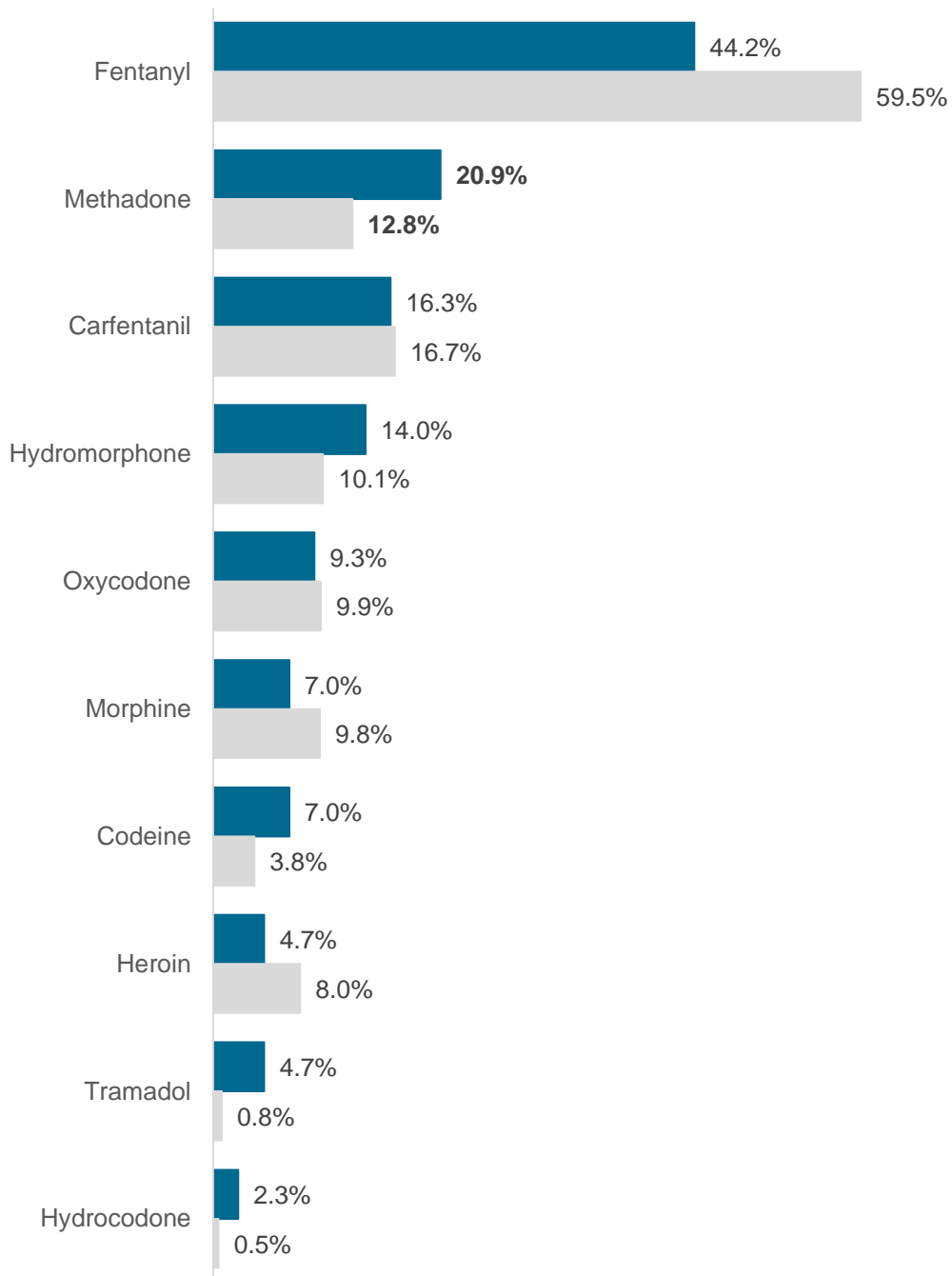
The distribution of opioid-related deaths by sex and age group was similar in the SWPH region and Ontario; 70% of opioid-related deaths were among males and 30% were among females.

**In the SWPH region, the largest proportion of opioid-related deaths occurred among those aged 25 to 44 years followed by those aged 45 to 64 years**

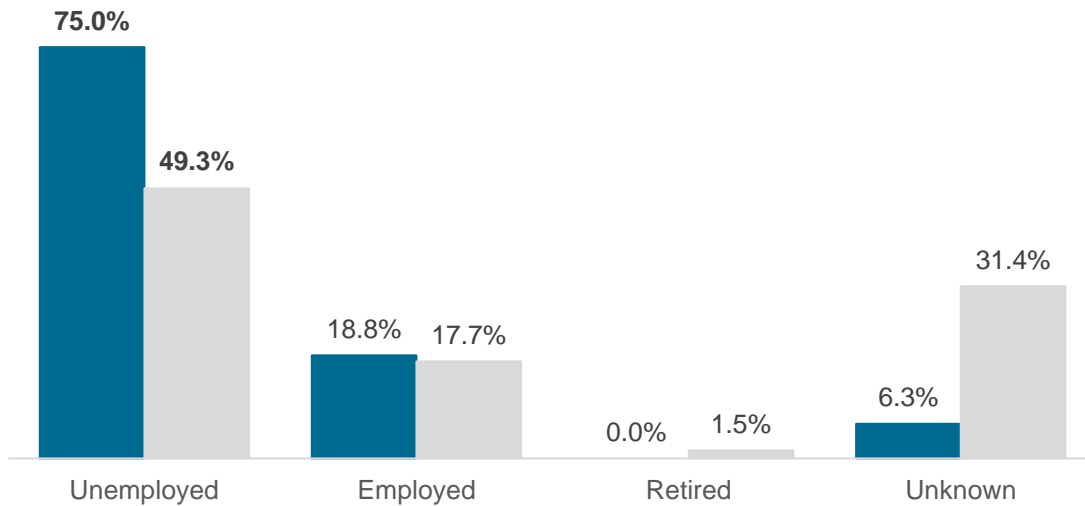


In the SWPH region, there were 10 different types of opioids directly contributing to 43 deaths.

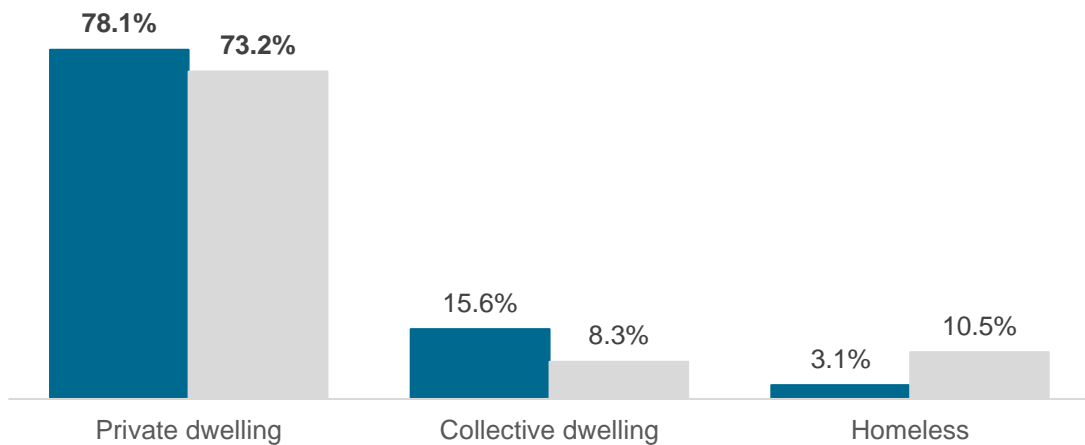
**Fentanyl was the most common opioid directly contributing to deaths, but the proportion of deaths attributed to methadone was higher in the [SWPH region](#) compared to [Ontario](#)**



**A larger proportion of unintentional opioid-related deaths in the SWPH region were among people who were unemployed compared to Ontario**



**Over three-quarters of the people who died from an unintentional opioid overdose in the SWPH region and Ontario lived in a private dwelling**

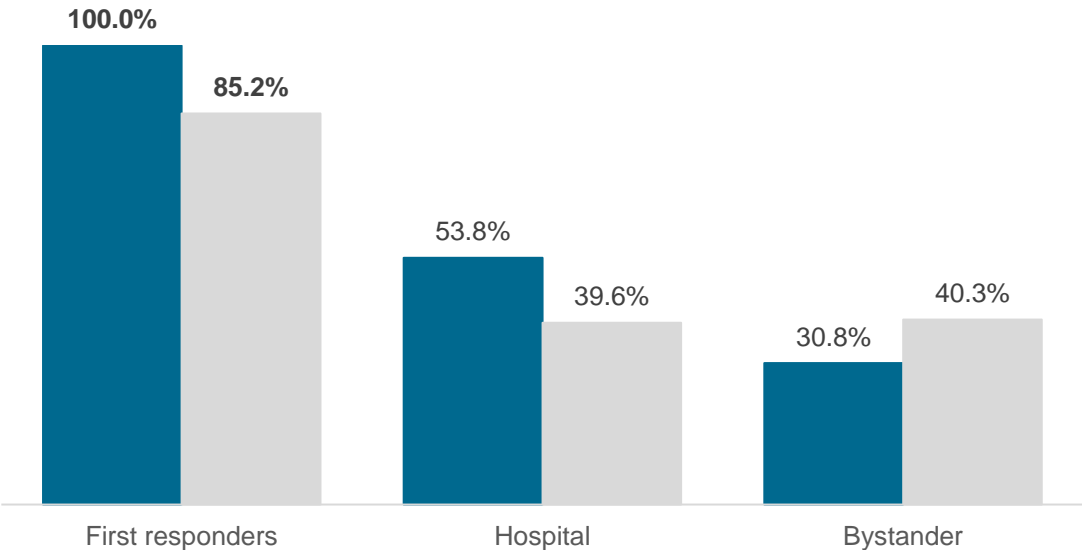


Most unintentional deaths in the SWPH region (90.6%) and 68.7% in Ontario occurred at home. Five (15.6%) unintentional deaths in the SWPH region occurred with another individual present at the time of the incident compared to 25.0% in Ontario.

Over one-quarter (28.1%) of unintentional opioid-related deaths in the SWPH region had evidence of injection drug use, which was slightly lower than in Ontario (34.1%).

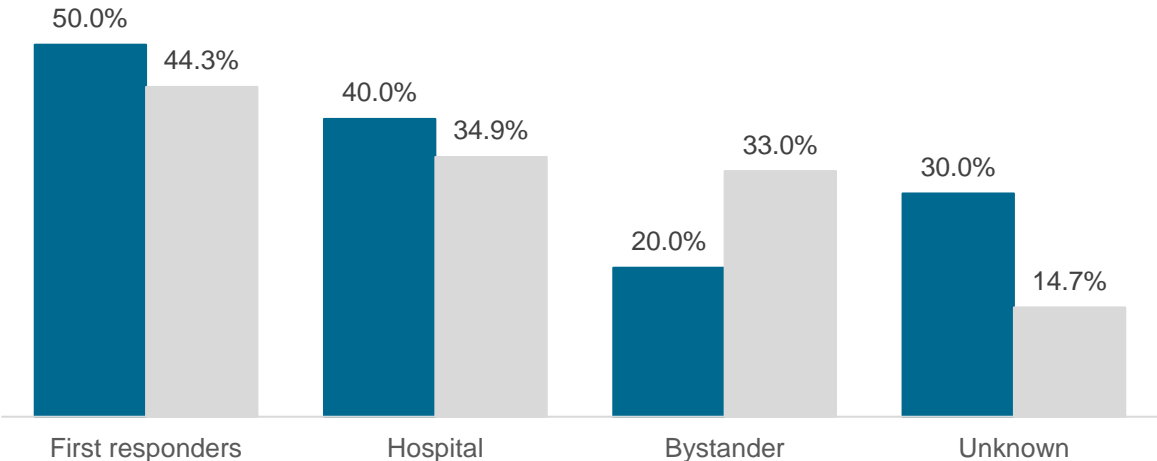
Over one-third (40.6%) of unintentional opioid-related deaths in the SWPH region had a resuscitation attempt, which was slightly lower than in Ontario (48.0%).

**Resuscitation was most often attempted by first responders (i.e., paramedics, police, fire) in the SWPH region and Ontario**



Naloxone use was reported in 31.3% of unintentional opioid-related deaths in the SWPH region, which was slightly higher than in Ontario (25.0%). In some cases, naloxone was administered multiple times by different groups of people. Overall, more opioid-related deaths had resuscitation attempted than had naloxone administered.

**Naloxone was administered by several groups of people in the SWPH region and Ontario**



## Definitions and Limitations

- Opioid-related deaths are defined as an acute intoxication/toxicity death resulting from the direct effects of the administration of exogenous substance(s) where one or more of the substances is an opioid, regardless of how the opioid was obtained. This excludes deaths due to chronic substance use, medical assistance in dying, trauma where an intoxicant contributed to the circumstances of the injury and deaths classified as homicide.
- Reports only include confirmed opioid-related deaths for which death investigation results have indicated an opioid directly contributed to the cause of death; these reports are created when approximately 80% of the deaths in the most recent quarter for the province have been confirmed. This varies by public health unit.
- Deaths have been assigned to public health unit based on six-digit postal code of the residence of the decedent. If residence postal code was unavailable, the postal code of the incident location was used. If postal code of the incident location was unavailable, the postal code of the death location was used.

## Data Source

Coroner's Opioid Investigative Aid, May 2017 to June 2019, Office of the Chief Coroner for Ontario, Date Extracted: October 28, 2019. Public Health Ontario report date: November 15, 2019.

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**Date:** January 20, 2020