

# Opioid Related Harms in New Brunswick:

Deaths, Overdoses and Take Home Naloxone Kits

2023 – Quarter 2

December 2023

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## Introduction

This quarterly surveillance report describes data on apparent opioid-related harms including suspect overdoses, apparent opioid-related deaths, hospitalizations and take-home naloxone kit distribution and use. Together these data sources add to our understanding of the complex opioid overdose situation in New Brunswick; however, comparisons should not be made between different data sources as each represents a different population. All data are reported to Public Health New Brunswick (PHNB).

## Key Messages and Summary

- The number of individuals administered naloxone by an Ambulance New Brunswick (ANB) paramedic and who responded to it remain elevated.
- The rate of individuals responding to naloxone in Q1-2 2023 is the highest to date but may change as additional cases are reported.
- The rate of apparent opioid-related deaths and all substance-related deaths in 2022 are the highest recorded to date.
- The rate of apparent opioid-related deaths and all substance-related deaths Q1-2 2023 are in line with rates within the last few years.
- The proportion of accidental and pending intent opioid-related deaths involving fentanyl are elevated in 2022 and Q1-2 2023 compared to previous years; additional accidental and pending intent opioid-related deaths involved nitazenes, bromazolam, and etizolam.
- The number of hospitalizations for opioid-related poisonings in Q1-2 2023 is in an expected range compared to previous quarters.
- Take home naloxone distribution sites have distributed over 8,500 kits since 2018.
- The average quarterly number of take home naloxone kits distributed in Q1-2 2023 is the highest to date compared to previous years.

Over the last several quarters, New Brunswick has continued to see elevated rates of individuals responding to naloxone administered by an ANB paramedic, increased rates of substance- and opioid-related overdose deaths, as well as a continued increase in the number of take home naloxone (THN) Kits being distributed into the community. Fortunately, these elevated rates are not as pronounced in Q1-2 2023 as 2022 for the administration of naloxone by an ANB paramedic, rate of substance-related deaths, or the number of hospitalizations for opioid-related poisonings.

Data from coroner investigations demonstrate that the proportion of fentanyl-related deaths has increased to an all time high in 2023; there have also been more novel substances detected in decedents recently compared to previous years.

While the consistent distribution and administration of naloxone from ANB and THN kits may help mitigate the harm from opioid overdoses, it may not be sufficient to combat the increasingly toxic drug supply and will have no effect against substances such as stimulants or

benzodiazepines. At this time, New Brunswick continues to remain below the national average rate of opioid-related deaths; continued vigilance and surveillance remains warranted.

# Data Sources

## Ambulance New Brunswick

Data from ANB are aggregate and include information about:

- a) patients who were administered naloxone by a paramedic for a suspected opioid overdose, and
- b) patients who responded to naloxone.

The number of patients who were administered naloxone might be an overestimation of the actual number of opioid overdoses; therefore, the number of patients responding to naloxone was also collected and reported. If a patient responds to naloxone, this indicates that the patient was experiencing an opioid-related overdose as naloxone only has an effect if opioids were consumed. Data in this report reflect data received from ANB as of August 23, 2023.

**Limitations:** The number of accidental/suspect opioid overdoses is an estimate based on the decision to administer naloxone by a paramedic. As such, the data do not include overdoses where patients were already dead on arrival or those who were not given naloxone by a paramedic.

See Appendix A for a detailed description of ANB data.

## Chief Coroner's Office

Data received from the Chief Coroner's Office include a line list of all apparent drug-related (opioid and non-opioid) overdose deaths. Data in this report reflect data received from the Chief Coroner's Office as of October 27, 2023.

**Limitations:** Due to the inherent delay in investigating deaths, data are preliminary and may change over time as investigations are concluded and more information is acquired, or new cases are added.

See Appendix A for a detailed description of Coroner Data.

## Hospital Data

Data for opioid-related poisoning hospitalizations are extracted from the Discharge Abstract Database. Data in this report reflect data received as of November 14, 2023.

An opioid-related poisoning hospitalization is defined by any acute care hospitalizations which has a diagnosis for opioid-related poisoning.

**Limitations:** Due to the inherent delay in data coding, there exists a data lag of several months.

See Appendix A for a detailed description of hospital data.

## Take Home Naloxone Kits

Data for take home naloxone kits (THN kit) come from three non-government organizations (NGOs) (AIDS NB in Fredericton, Avenue B in Saint John, and Ensemble in Moncton), eight detoxification centres (located in Bathurst, Campbellton, Edmundston, Fredericton, Miramichi, Moncton, Saint John, and Tracadie-Sheila), five correctional centres (Saint John Regional Correctional Centre, Southeast Regional Correctional Center, the New Brunswick Women's Correctional Centre / NB Youth Centre, Dalhousie, and Madawaska), and four community mental health centres (Campbellton, Edmundston, Moncton, and Richibucto). Data include the number of THN kits that are distributed and used. An individual may be given a THN kit if 1) the individual is at risk of an opioid overdose due to current opioid use, or they have previously used opioids and are at risk of using opioids again; or 2) they are a family member, friend, or other person who is likely to witness and respond to an overdose. The data in this report reflect data received from the various centres as of November 3, 2023.

**Limitations:** Certain data elements are disclosed at the client's discretion and level of comfort, therefore not all variables requested may be collected. Data may be updated as additional information is obtained and reported, and as forms continue to be validated.

See Appendix A for a detailed description of the take home naloxone kit data.

## Methodology

Data were received from ANB, the Chief Coroner's Office, the NGOs, detoxification centres, correctional centres, community mental health centres, and the Discharge Abstract Database then validated and analyzed by PHNB. Descriptive analyses were conducted for each data source.

Throughout this report, estimated rates were calculated using person-time contributed to the specified period. This method is used to provide a better estimate of rates that are calculated for partial years. Caution should be used when interpreting data in this report as small numbers can lead to wide variations.

All data are subject to change in the coming reports. Since the last report, updates have been made to previously reported counts and rates based on revised data.

See Appendix B for a detailed description of the methodology.

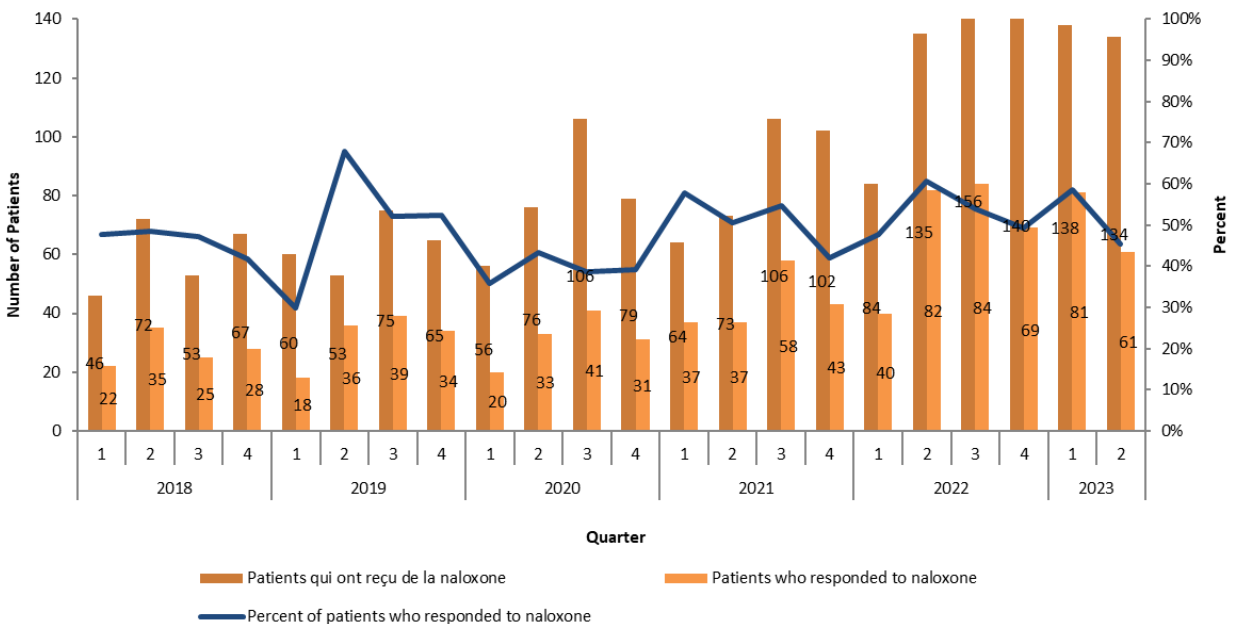
# Suspect Opioid Overdoses

## Ambulance New Brunswick

### January to June 2023

In Q1-2 2023, **naloxone was administered to 272 suspect opioid overdose patients** (Graph 1), with an average of 45 patients per month. Of the 272 suspect opioid overdose patients, **142 (52%) responded to naloxone** which corresponds to an average of 24 patients per month (range: 15 to 29). The number of individuals who were administered naloxone and who responded to it in Q1-2 2023 remain in line with trends since Q2 2022 (Graph 1; Graph 2).

**Graph 1.** Number of suspect opioid overdose patients who were administered naloxone and number and percentage of patients who responded to naloxone, quarterly in New Brunswick, from January 2018 to June 2023\*.

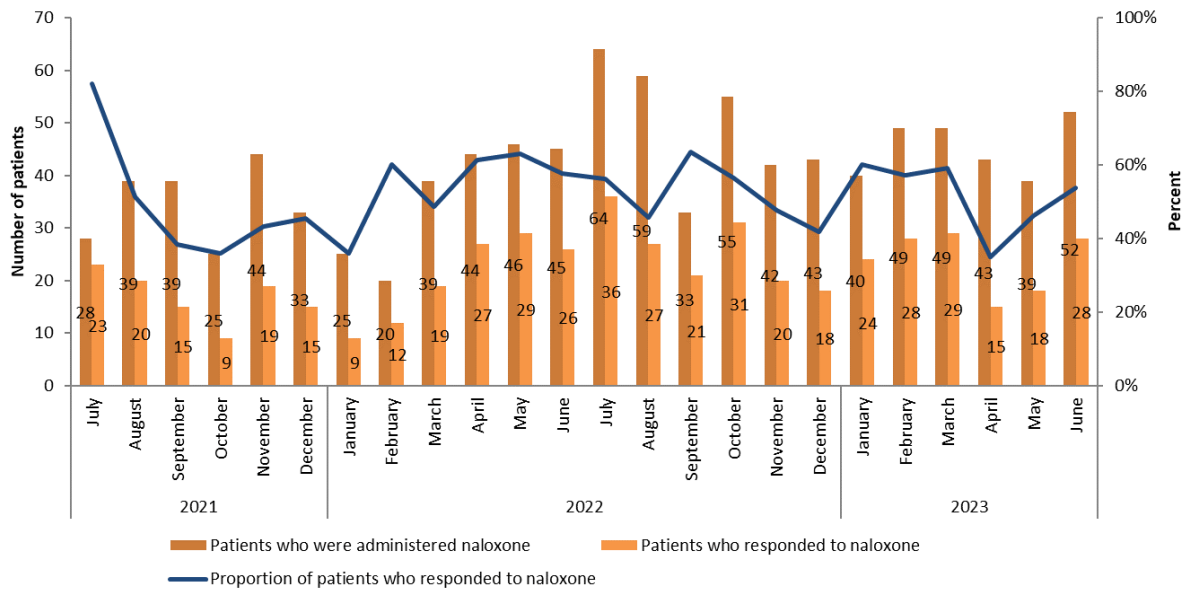


Data source: Ambulance New Brunswick, August 23, 2023.

\*These numbers may change as more information becomes available.



**Graph 2.** Number of suspect opioid overdose patients who were administered naloxone and number and percentage of patients who responded to naloxone, monthly in New Brunswick, the last 24 months\*.

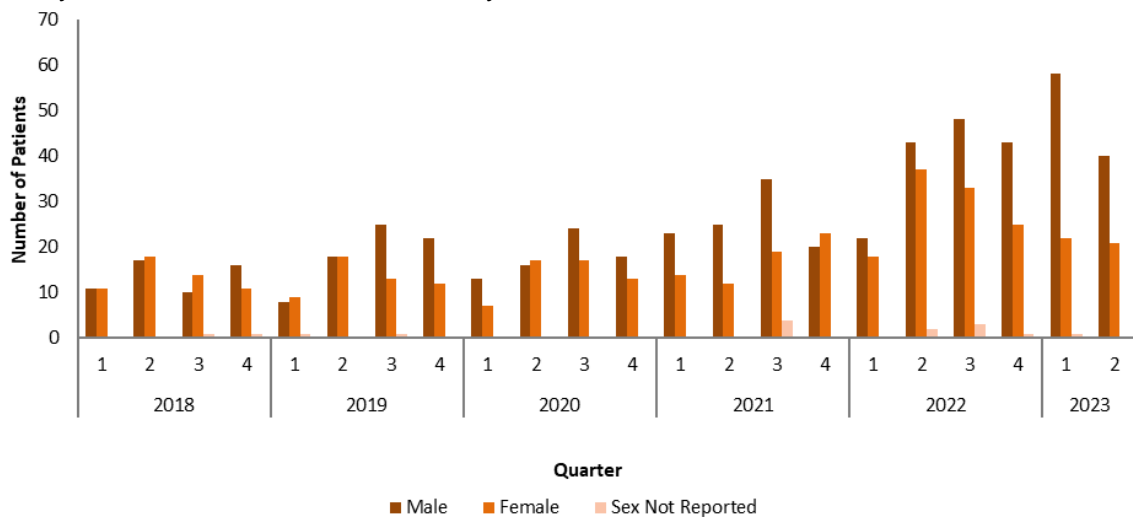


Data source: Ambulance New Brunswick, August 23, 2023.  
 \*These numbers may change as more information becomes available.

**Among the 142 patients who responded to naloxone in Q1-2 2023:**

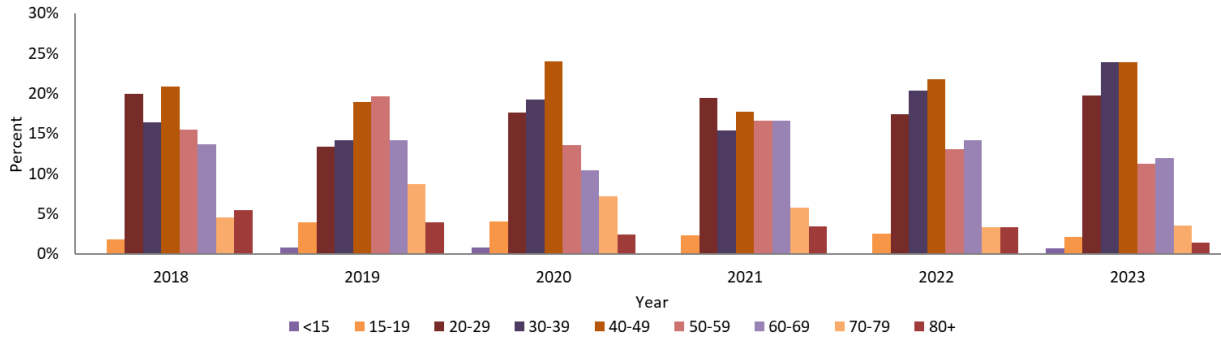
- **There were more males than females:** 98 (69%) were male, 43 (30%) were female, and 1 (1%) were unspecified sex (Graph 3).
- **The largest proportion of individuals were between 30-39 and 40-49 (24% each)** (Graph 4).

**Graph 3.** Number of suspect opioid overdose patients who responded to naloxone by sex, quarterly in New Brunswick, from January 2018 to June 2023\*.



Data source: Ambulance New Brunswick August 23, 2023.  
 \*These numbers may change as more information becomes available.

**Graph 4.** Distribution by age group of suspect opioid overdose patients who responded to naloxone in New Brunswick in 2018 to June 2023\*.



Data source: Ambulance New Brunswick, August 23, 2023.

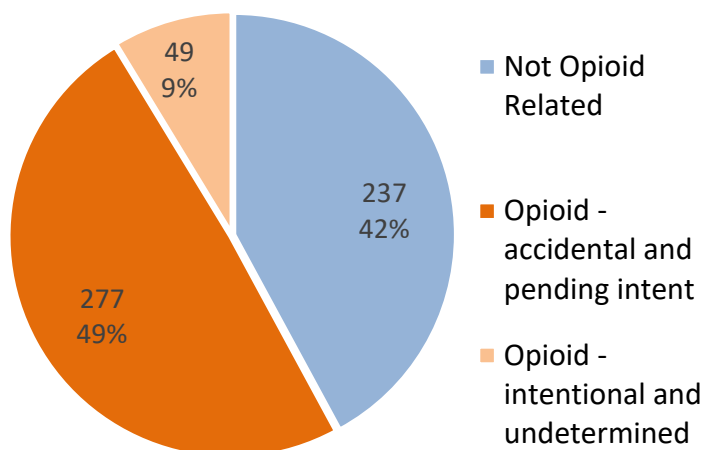
\*These numbers may change as more information becomes available.

The estimated crude rate of suspect opioid overdose patients who responded to naloxone in New Brunswick in January to June 2023 is **35.0 cases per 100,000 person-years**. This is the highest rate to date but closely followed by 2022 (34.8 cases per 100,000 person-years).

# Apparent Opioid Overdose Deaths

## Chief Coroner's Office

Drug-related deaths have taken a toll on the lives of New Brunswickers, their families, and their friends. **Between January 2016 and June 2023, there were 563 substance-related deaths** (Figure 1). Apparent opioid-related deaths were responsible for more than half (58%) of these deaths. Furthermore, apparent opioid-related deaths classified as accidental or pending intent account for 49% of all drug-related deaths. **In 2022, 121 deaths** due to any type of drug (opioids and non-opioids) occurred, of which **74 (61%) were related to opioids**. Currently, there have been **34 substance-related deaths in Q1-2 2023, of which 23 (68%) are related to opioids**.



**Figure 1.** Distribution of drug related deaths in New Brunswick, by drug type and intent, January 2016 to June 2023.

Data Source: Chief Coroner's Office, October 27, 2023  
These numbers may change as more information becomes available and coroner investigations are concluded.

## Accidental and Pending Intent Deaths Due to Opioids

### 2022

In 2022, there were **121 substance-related deaths**. Of these, **74 (61%) were apparent opioid-related deaths** (Graph 5). Sixty-six were accidental or pending intent. Twenty-seven accidental or pending intent deaths were related to fentanyl or fentanyl analogues. This is the second largest proportion of fentanyl-related deaths to date at 41% of accidental or pending intent opioid related deaths. Additional accidental and pending intent opioid-related deaths involved nitazenes, bromazolam, and etizolam.

Of the 66 apparent opioid-related deaths classified as accidental or with pending intent:

- The **majority were male** (64% male, 36% female) (Graph 6).
- The largest proportion of individuals were **between 40-49 years old** (23%) (Graph 7).
- Twenty-eight (42%) individuals consumed opioids of an illicit source, 18 (27%) consumed prescribed opioids, and 20 (30%) consumed opioids of an unknown source.

The estimated annual crude mortality rate for accidental or pending intent opioid-related deaths in 2022 New Brunswick is **8.1 deaths per 100,000 person-years**; this is the highest rate to date and is followed by Q1-Q2 2023 and 2021. The rate for all substance-related overdose deaths in 2022 has also reached records levels at 14.9 deaths per 100,000 person-years. Previously, 2020 had the highest rate at 10.6 deaths per 100,000 person-years.

Data for 2022 are subject to change as coroner investigations continue.

### Q1-2 2023

In Q1-2 2023, there have been **34 substance-related deaths**. Of these, **23 (68%) were apparent opioid-related deaths** (Graph 5). Twenty-two were accidental or pending intent. Twelve accidental or pending intent deaths were related to fentanyl or fentanyl analogues. This is the largest proportion of fentanyl-related deaths to date at 55% of accidental or pending intent opioid related deaths.

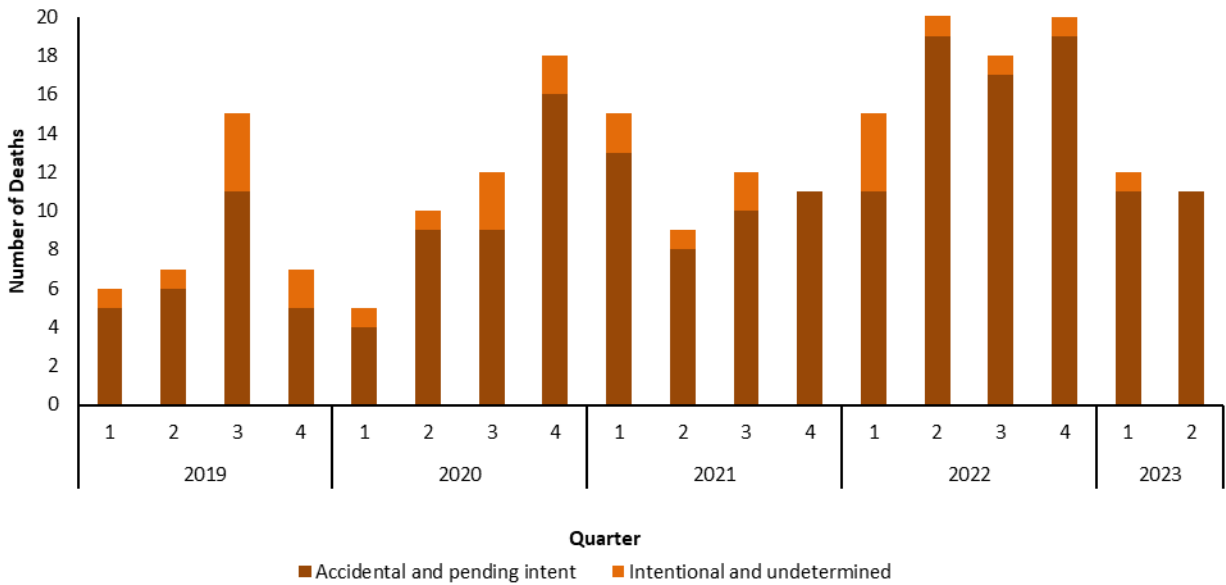
Of the 22 apparent opioid-related deaths classified as accidental or with pending intent:

- There were **equal numbers of males and females** (Graph 6).
- The largest proportion of individuals were **between 30-39 and 40-49 years old** (32% each) (Graph 7).
- Eight (36%) individuals consumed opioids of an illicit source, one (5%) consumed prescribed opioids, and 13 (59%) consumed opioids of an unknown source.

The estimated annual crude mortality rate for accidental or pending intent opioid-related deaths in Q1 2023 New Brunswick is **5.4 deaths per 100,000 person-years**; this is the second highest rate to date and a noticeable decline since 2022. The rate for all substance-related overdose deaths in Q1-2 2023 is 8.4 deaths per 100,000 person-years.

Data for 2023 are subject to change as coroner investigations continue.

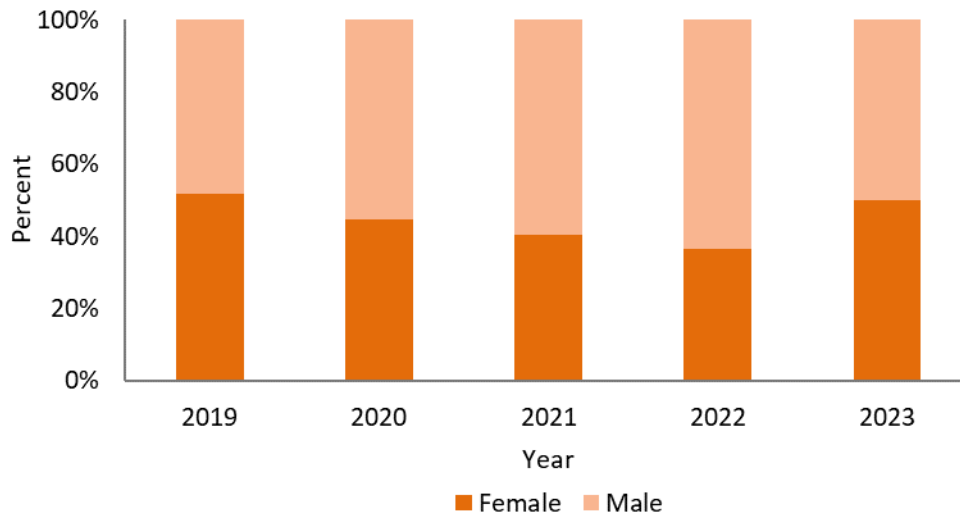
**Graph 5.** Number of apparent opioid-related overdose deaths by intent (accidental and pending intent, and intentional and undetermined), quarterly in New Brunswick, from January 2019 to June 2023\*.



Data Source: Chief Coroner's Office, October 27, 2023

\*These numbers may change as more information becomes available and coroner investigations are concluded.

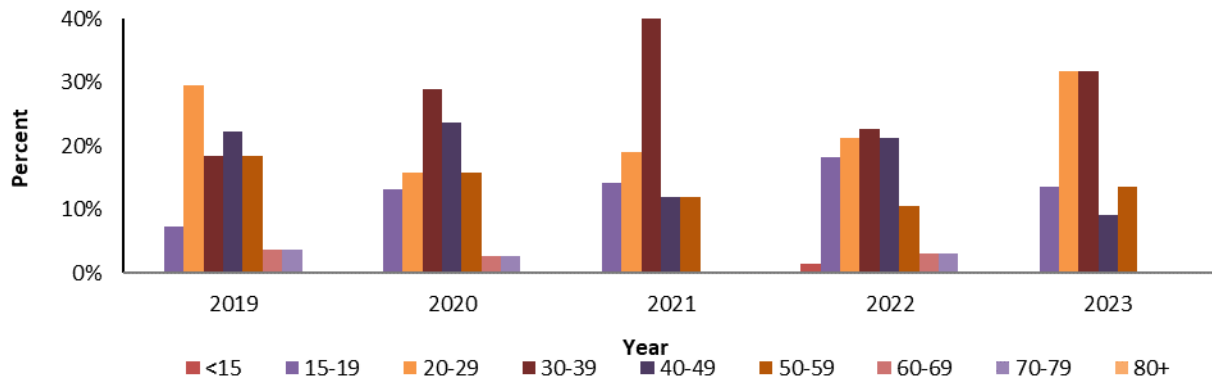
**Graph 6.** The proportion of apparent opioid-related overdose deaths classified as accidental or with pending intent by sex, yearly, in New Brunswick from January 2019 to June 2023\*.



Data source: Chief Coroner's Office, October 27, 2023

\*These numbers may change as more information becomes available and coroner investigations are concluded.

**Graph 7.** Number of apparent opioid-related overdose deaths classified as accidental or with pending intent, by age group in New Brunswick, from January 2019 to June 2023\*.



Data source: Chief Coroner’s Office, October 27, 2023

\*These numbers may change as more information becomes available and coroner investigations are concluded.

### Co-occurrence

Co-occurrence is defined by the presence<sup>1</sup> of two or more drug classes that were either knowingly or unknowingly used at or around the time of death<sup>2</sup>. Given that most substance-related deaths in New Brunswick demonstrate the presence of multiple drug classes, co-occurrence is of notable concern.

Of the 326 decedents who died from an apparent opioid-related overdose between January 2016 and June 2023, **one or more non-opioid drug classes** (e.g., alcohol, benzodiazepines, stimulants, etc.) **were present among 318 (97.5%) decedents. Benzodiazepines and stimulants were the two most common drug classes** and co-occurred among 191 (59%) and 171 (52%) decedents who died from an apparent opioid-related overdose (AORD), respectively (Table 1). Of the decedents who died from an apparent opioid-related overdose, **the detection of both benzodiazepines and stimulants were present among 98 decedents (30% of AORD; 48% female, 52% male).**

<sup>1</sup> The presence of a drug class is determined by detection in toxicology testing or through circumstantial evidence of consumption or use.

<sup>2</sup> The presence of a drug class does not indicate when the substance was consumed prior to death; it is only indicative of the substance being present in the decedent’s system at the time of death.

**Table 1.** Number (percent) of decedents who died from an apparent opioid-related overdose (AORD) and for whom there was co-occurrence of one or more non-opioid drug classes, from January 2016 to June 2023\*.

Substance Type**	Total (% of AORD)	Number by sex (% of row total)	
		Female	Male
Benzodiazepines	191 (59%)	99 (52%)	92 (48%)
Stimulants	171 (52%)	68 (40%)	103 (60%)
Antidepressants	153 (47%)	83 (54%)	70 (46%)
Cannabinoids	94 (29%)	40 (43%)	54 (57%)
Antipsychotics	66 (20%)	33 (50%)	33 (50%)
Alcohol	37 (11%)	15 (41%)	22 (59%)

Data source: Chief Coroner's Office, October 27, 2023

\*These numbers may change as more information becomes available and coroner investigations are concluded

\*\*See Appendix D for a description of the specific substances in each substance category. Categories are subject to change.

It is important to note that co-occurrence of other drug types in addition to opioids does not necessarily indicate that they contributed to death. It only indicates that the drug was present in the decedent's system at the time of death; therefore, this data should not be used to identify the number of individuals who died as a result of the indicated drug class but should be used only to identify the number of people in whom these drug classes were detected from toxicological testing or circumstantial evidence.

# Hospitalization Data

Between January 2016 and June 2023, **778 opioid-related poisoning hospitalizations have occurred**. There were **120 hospitalizations in 2022** and **42 in Q1-2 2023** (Graph 8). Quarterly number of hospitalizations in Q1-2 2023 are within an expected range.

Of the 42 hospitalizations in Q1-2 2023:

- There were equal number males and females (Graph 9)
- The highest proportion of hospitalizations were among **individuals aged 30-39** (26%)
- More than half (64%) were classified as accidental, 17% intentional, and 19% undetermined. (Graph 11).

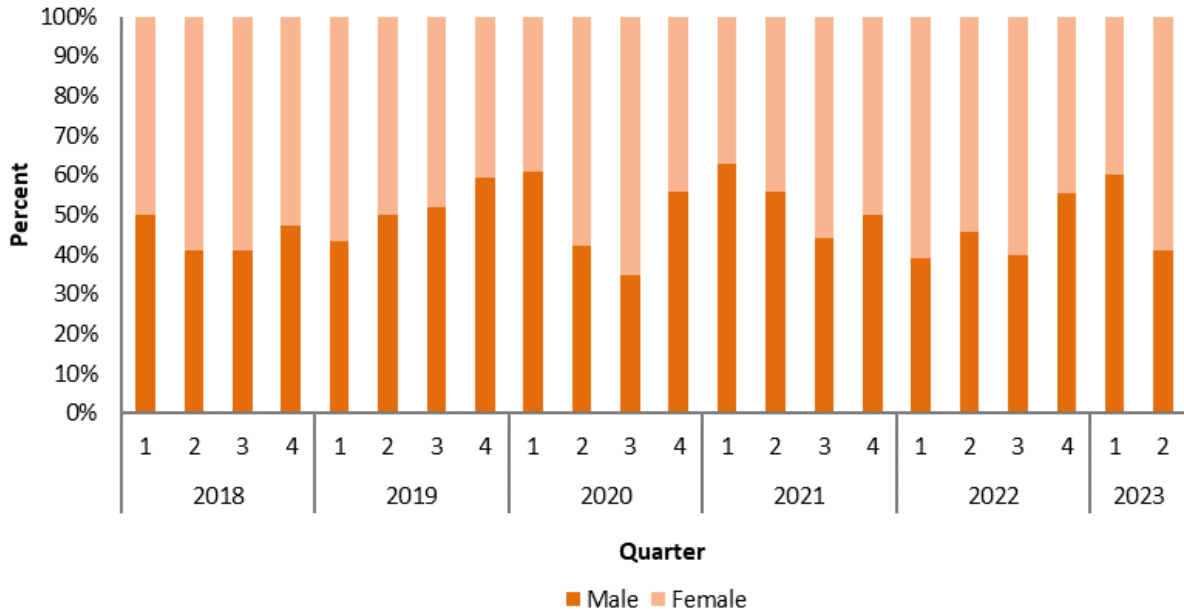
**Graph 8.** Number of opioid-related poisoning hospitalizations, quarterly, New Brunswick from January 2018 to June 2023.



Data source: Discharge Abstract Database, November 14, 2023

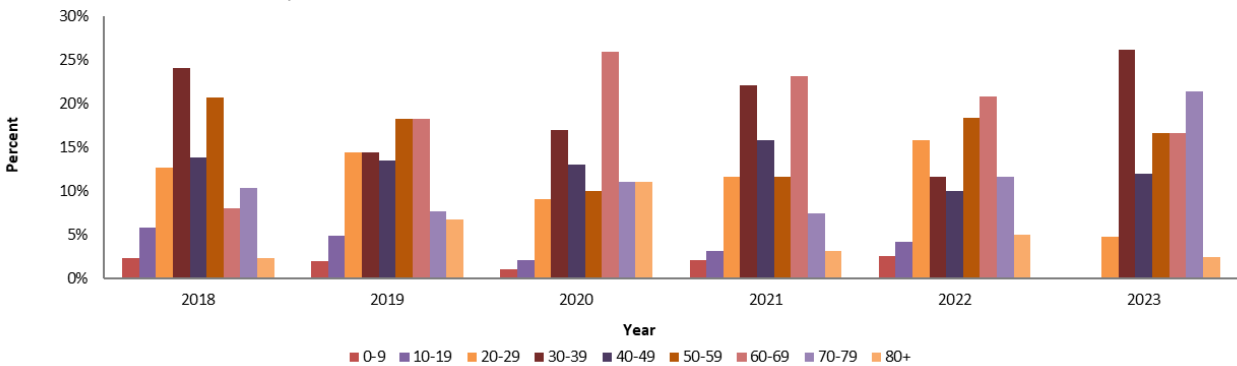


**Graph 9.** Percent of opioid-related poisoning hospitalizations by sex, quarterly, in New Brunswick from January 2018 to June 2023.



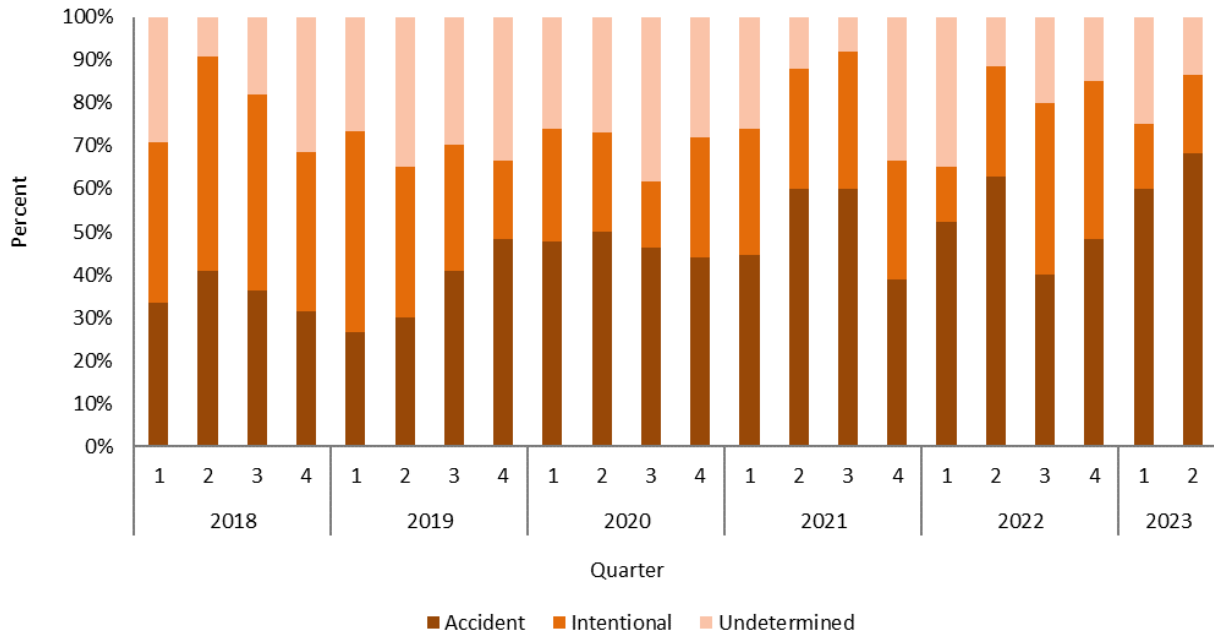
Data source: Discharge Abstract Database, November 14, 2023

**Graph 10.** Percent of opioid-related poisoning hospitalizations by age group, yearly, in New Brunswick from January 2018 to June 2023.



Data source: Discharge Abstract Database, November 14, 2023

**Graph 11.** Percent of opioid-related poisoning hospitalizations by intent, quarterly, in New Brunswick from January 2018 to June 2023.



Data source: Discharge Abstract Database, November 14, 2023

# Take-Home Naloxone Kit Data

## Kit Distribution

Since October 2018, **8,533 take home naloxone kits (THN kits) were distributed** into the community. In 2022, 3,414 THN kits were distributed, and **1,746 THN kits have been distributed in Q1-2 2023<sup>3</sup>** (Table 2). In addition to the **8,533** THN kits distributed into the community, 389 were transferred to a local business or organization to be used on-site or further distributed to individuals in need of a THN kit. This yields a total of 8,922 THN kits that have been distributed.

**Table 2.** Number of THN kits distributed by site, from October 2018 to June 2023\*\*.

Site Name	2018*	2019	2020	2021	2022	Q1-2 2023	Total
AIDS NB - Fredericton	87	166	101	324	519	101	1,298
Avenue B - Saint John	118	330	262	321	668	450	2,149
Ensemble - Moncton	28	91	251	945	2,017	1,119	4,451
Detoxification Centres	34	107	85	75	147	34	482
Correctional Centres	N/A	N/A	43	5	34	10	92
Community Mental Health Centres	N/A	N/A	N/A	0	29	32	61
<b>Total</b>	<b>267</b>	<b>694</b>	<b>742</b>	<b>1,670</b>	<b>3,414</b>	<b>1,746</b>	<b>8,533</b>

Data source: non-government organizations, detoxification centres, correction centres, and community mental health centres. November 3, 2023

\*Data are only for Q4 in 2018.

\*\*Data are subject to change as sites continue to provide updates.

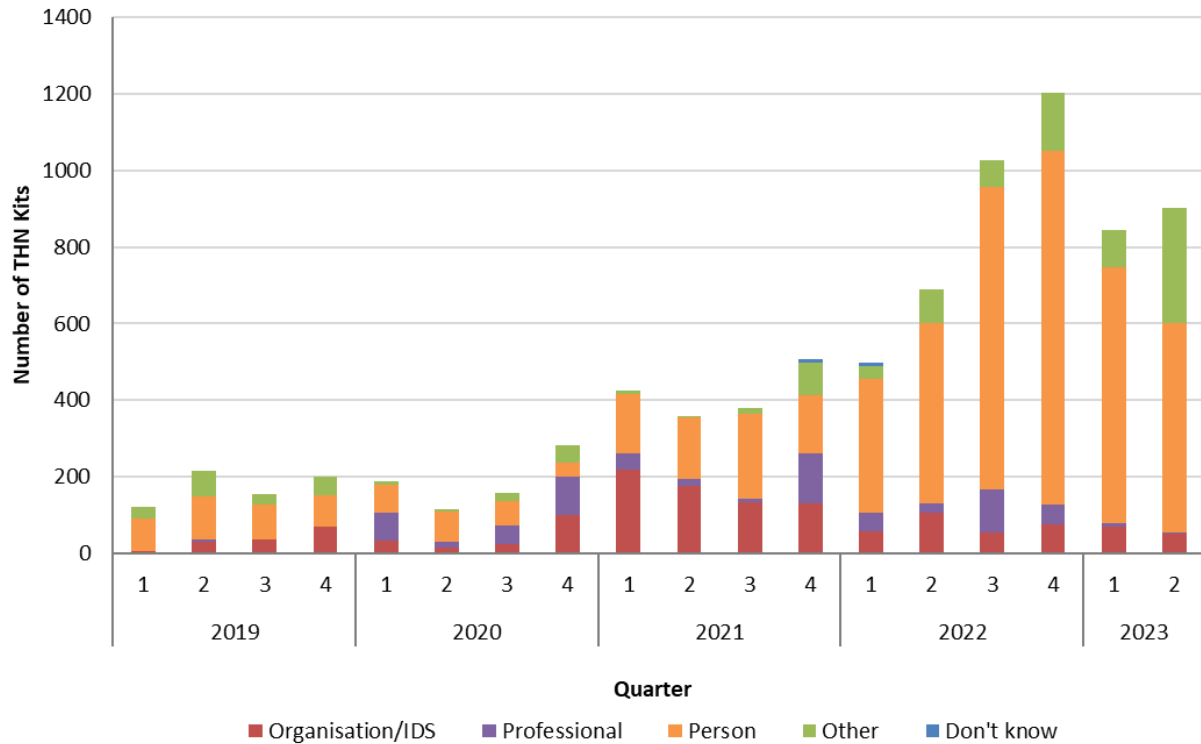
Excluding THN kits transferred to other sites, the number of THN kits distributed in Q1 & Q2 2023 remains lower than Q4 2022 during which time the greatest number of THN kits were distributed in a single quarter (Graph 12). The average quarterly number of THN kits distributed in Q1-2 2023 (873) is slightly higher than the quarterly average of 2022 (854) and it is expected to increase slightly as additional data are collected.

**Since January 2019, over half (4,675, 57%) of the THN kits distributed have been distributed directly to a person at risk of an overdose.** The proportion of individuals requesting a kit for themselves or for a friend or family member has declined since 2022 but remains high at 64% in Q1-2 2023. There has been an increase in the proportion of kits distributed to other NGOs (5%) and unspecified recipients (22%) in Q1-2 2023 compared to previous years.

Among individuals at risk of an overdose, **more males received THN kits than females** or individuals of other/unknown gender in all years since 2019 (Graph 13).

<sup>3</sup> Data for THN kits are collected up to June 2023 for all sites excluding the Campbellton, Tracadie and Moncton Community Mental Health Centres; the Miramichi and Edmundston Detoxification Centre; and Madawaska, Dalhousie, and South East Correctional facility. These sites are experiencing delays of varying lengths.

**Graph 12.** The number of THN kits distributed based on the type of recipient\*, quarterly, New Brunswick, 2019 to Q1-2 2023\*\*.

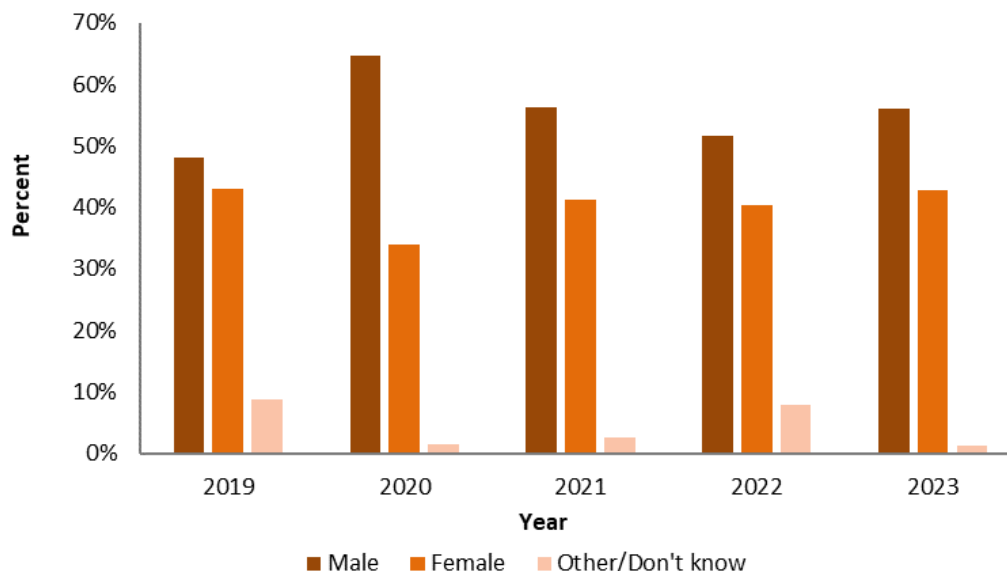


Data source: non-government organizations, detoxification centres, correction centres, and community mental health centres. November 3, 2023

\*The type of recipients are categorized as: Organization/IDS is a business or non-government organization, or it is the interactive dispensing unit at Ensemble, Moncton ; Person is the person at risk of an overdose or the family/friend of someone at risk; Professional is a student or service worker; Other is an individual who falls into more than one category, unknown, or other.

\*\*Data are incomplete and may change as additional sites complete data collection

**Graph 13.** The proportion of individuals at risk of an overdose who received take home naloxone kits by gender, in New Brunswick, 2019 to Q1-2 2023\*.



Data source: non-government organizations, detoxification centres, correction centres, and community mental health centres. November 3, 2023

\*Data are incomplete and may change as additional sites complete data collection

### Kit Use

**Replacement THN kits were requested 1,505 times in 2022 and 1,057 times in Q1-2 2023.**

Using a kit continues to be the primary reason provided for seeking a replacement in all years except for 2020 where replacing an expired kit was the primary reason for replacement. Since 2018, **2,434 (81%) individuals who sought a replacement kit** did so after having reportedly used a kit to treat an overdose. This proportion is highest for Q1-2 2023 (91%, 959/1,057).

Of the **2,434** instances in which a kit was reportedly used, **305 individuals completed a questionnaire about the overdose.** The number of individuals completing a form remains high in Q1-2 2023 **with 67 reportedly used, following 148 in 2022.**

Take home naloxone kits have been reportedly used to **treat equal or more males than females or individuals of other/unknown sex** in all years including Q1-2 2023 (63% for males, 34% for females, and 3% other/unknown).

Overall, **242 individuals were not alone (79%)** at the time of overdose, 42 were alone (14%), and the remaining 21 instances were unknown or not reported (7%). These proportions have remained relatively stable over the years, but the proportion who were alone at the time of

overdose in Q1-2 2023 has more than doubled (23%) compared to the previous four-year average (10%).

From 2018 to Q1-2 2023, the **majority of the overdoses occurred in a private residence** (154) followed by a street/alley/park (57).

**Since 2018, there were 141 (46%) reports of not calling 911.** The proportion in 2022 is the lowest to date at 39% with Q1-2 2023 at 40%. The primary reason in all years continues to be **fear the police would come** (31 of 141, 22%).

The reported number of THN kits used may be an underestimation of the total number of THN kits being used in the community due to potential barriers that may inhibit individuals from reporting kit use (e.g., stigma, fear of re-traumatization, accessibility, fear of criminality). Data are subject to change.

## Appendix A: Data Sources

### Ambulance New Brunswick

Data from ANB are abstracted in aggregate form and do not contain patient-level data. Monthly totals for the following variables are broken down by sex (male, female, and sex not reported) and age group in years (<15, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+, and age not reported):

- Accidental/suspect opioid overdoses
- Repeat individual opioid overdose cases
- Individuals who received 1 dose of naloxone
- Individuals who received 2 doses of naloxone
- Individuals who received 3 or more doses of naloxone
- Individuals who responded to naloxone

Data also include the monthly total of referrals to hospitals for patients with accidental/suspect opioid overdoses and those who responded to naloxone. The monthly totals of reason for dispatch are also included.

### Chief Coroner Office

Data from the Chief Coroner's Office include individual-level data. Data include all drug-related deaths and collect the following variables.

Variable	Variable Description	Response Options
Coroner Case ID	Unique ID number that coroner office assigns to each death	Number - Up to 8 digits
Quarter	The quarter of the year in which the death occurred	1, 2, 3, 4
Year	Year in which the death occurred	yyyy
DOD	Date of death based on the date the death is pronounced	(dd-mmm-yy)
Age	Age of case in years	
Sex	Sex of the case	Male Female
Case Status	Status of the case investigation.	Active Completed
Death Manner	The coroner assigns each case a manner of death	Accident Suicide Undetermined
Judicial District	The judicial district in which the death occurred.	Bathurst Campbellton Edmundston Fredericton

		Miramichi Moncton Saint John Woodstock
Residential First 3 Digits of Postal Code	The first three digits of the residential postal code of the case	
Opioid Related	Whether the case is opioid-related or not. This is determined using all available evidence.	Opioid Not Opioid
Source of Opioid	The source of the opioid taken by the case. This information is obtained by reviewing the file.	Prescribed Illicit Unknown NA
With/Without Other Substances	Whether the opioid was taken with or without other substances. Other substances include alcohol or non-opioid drugs. This is determined through the toxicology results.	With Other Substance Without Other Substance Unknown NA
Drug 1 - 15	List of drugs that were present in the toxicology report.	

### Take Home Naloxone Kits

Data are from the three NGOs, seven detoxification centres, five correctional centres, and four community mental health centres. They include individual-level data. Data are collected from two forms: a distribution form and a use form.

The distribution form collects information on each kit that is distributed, including who is receiving it (e.g., person at risk, service worker) and why they are seeking one (e.g., first kit, replacement). The Use form collects detailed information about a reported overdose that occurred for which a THN kit was used; it collects information such as overdose setting, who was present, what emergency responders arrived, outcome, etc.

### Hospital Data

Data are obtained from the discharge abstract database and include record-level data for all discharges related to opioid-related poisonings as defined by select diagnoses. In addition to variables containing diagnostic information, demographic and hospital-related variables are collected and include but not limited to age, sex, residence area, date of admission, date of discharge, length of stay, etc.



## Population Estimates

All population estimates were from 2023 population estimates received from Statistics Canada, Demography Division, March 2023.

## Appendix B: Methodology

### Ambulance New Brunswick

Data are sent to the PHNB monthly and analyzed on a quarterly basis. Aggregate data are organized into various tables used to conduct descriptive analyses for apparent/suspect opioid overdoses and individuals who responded to naloxone; this includes counts, proportions, means, and rates. Health region specific rates, if reported, are estimated based on the hospital of referral as the location of dispatch pick-up is not available. Denominator data for the current year are based on the most recent estimates available (e.g., population estimates for 2023 are based on 2022 estimates).

Data in this report primarily focus on individuals who responded to naloxone and referrals to hospitals for those who responded to naloxone. Any data for monthly totals of individuals who responded to naloxone are a subset of the totals for individuals with an accidental/suspect opioid overdose. Data include accidental/suspect opioid overdoses regardless of intent, and therefore may differ in terms of demographics from other data sources (e.g., apparent opioid overdose deaths).

All analyses were conducted using Excel 365 ProPlus.

### Chief Coroner Office

Cases for drug-related deaths are identified by coroner investigations. Once data are received by PHNB, the data are validated prior to analyses. Once data are validated, they are further classified by intent (accidental, pending intent, intentional, and undetermined) and drug type (non-opioids, non-fentanyl opioids, fentanyl opioids).

Descriptive analyses include counts, proportions, means, and rates. Denominator data for the current year are based on the most recent estimates available (e.g., population estimates for 2023 are based on 2022 estimates).

Q2 2023 Update: Due to a change in the data collection process, additional cases have been detected in previously completed years, most notably 2021 and 2022. This has resulted in upwards of 10% more cases in these years. All years are subject to change pending finalization of new data collection processes.

Analyses were conducted using Excel 365 ProPlus and Stata MP v16.

### Take Home Naloxone Kits: Non-Government Organizations, Detoxification Centres, Correctional Centres, and Community Mental Health Centres

Data are sent to PHNB monthly and cover the previous month. For the purpose of reporting, the date on which a THN kit was used is based on the recorded date of the overdose; if this is unavailable, then it is based on the date at which the form was completed. Basic descriptive analyses includes counts, proportions, means.

All analyses were conducted using Excel 365 ProPlus and Stata MP v16.

### Hospital Data

Data include any opioid-related poisoning hospitalization as defined<sup>4</sup> by the following International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA) codes: T40.0-T40.4 and T40.6. An opioid-related poisoning hospitalization diagnosis required a diagnosis type of “M” (most responsible diagnosis), “1” (pre-admission comorbidity), “2” (post-admission comorbidity), “W”, “X”, or “Y” (service transfer diagnosis). Any hospitalizations where the diagnoses was considered a query, i.e., a prefix code of “Q”, were excluded.

The intent of the opioid-related poisoning hospitalization was defined by the following diagnoses codes: “X42” for accidental, “X62” for intentional, and “Y12” for undetermined.

All analyses were conducted using Excel 365 ProPlus and Stata MP v16.

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<sup>4</sup> Definitions reflect previously published methodologies for opioid-related poisoning hospitalizations. <https://health-infobase.canada.ca/substance-related-harms/opioids/>

## Appendix C: Definitions and Abbreviations

- **Illicit opioid:** Indicates the decedent consumed at least one street opioid or at least one opioid medically prescribed to another person.
- **Manner of death:**
  - **Accidental death:** A death considered to be unintentional in nature based on the coroner investigation.
  - **Death with pending intent:** An open investigation where the intent of death is yet to be determined by the coroner.
  - **Intentional death:** A death classified as a suicide based on the coroner investigation.
  - **Undetermined death:** A closed death investigation where the intent of death was deemed unknown by the coroner.
- **Naloxone:** An opioid antagonist which reverses or prevents the effects of an opioid but has no effect in the absence of opioids.
- **Opioid:** A class of pain-relieving drugs that block pain messages by binding to specific receptors (opioid receptors) on cells in the body. They can include either non-fentanyl opioids or fentanyl and fentanyl analogs.
  - **Fentanyl and fentanyl analogs:** Synthetic opioids that can be extremely toxic. Includes but is not limited to fentanyl, norfentanyl, acetylfentanyl, 3-methylfentanyl, Carfentanil, butyrylfentanyl, furanyl-fentanyl, despropionyl-fentanyl.
  - **Nitazenes:** A type of opioid belonging to the benzimidazole-opioids class
  - **Non-fentanyl opioids:** Any opioid that is not a fentanyl or fentanyl analog opioid. Includes but is not limited to buprenorphine metabolites, codeine, dihydrocodeine, heroin, hydrocodone, hydromorphone (total, unconjugated), loperamide, meperidine, methadone, monoacetylmorphine, morphine (unconjugated, unconjugated-RIA), normeperidine, oxycodone, tapentadol, tramadol, U-47700.
- **Opioid Related Death:** Death from an acute intoxication resulting from the direct effects of consuming exogenous substance(s) where one or more of the substances is an opioid.
- **Prescription opioid:** Indicates the decedent consumed only opioids that were prescribed to the decedent.
- **Take Home Naloxone Kit (THN Kit):** Take home naloxone kits include two doses of naloxone as well as the necessary supplies to administer naloxone (e.g., alcohol swabs, syringes) and for personal protection (e.g., gloves, face shield).
- **Q1:** Quarter 1, January to March
- **Q2:** Quarter 2, April to June
- **Q3:** Quarter 3, July to September
- **Q4:** Quarter 4, October to December

## Appendix D: Polysubstance Use Substance Types

Specific substances, drugs, and metabolites were used to identify individuals who co-consumed specific substance types. An individual was identified as having co-consumed these substances if there was one or more of the following substances detected. The detection of these substances is based on toxicology testing, rapid toxicology testing and circumstantial evidence in the absence of testing. Drug type categories are subject to change, and new substances may be added should they be identified among decedents who died from a substance related overdose death. Further, not all drugs listed in the categories have been detected in decedents.

**Benzodiazepine:** Adinazolam, Alprazolam (Alpha-Hydroxyalprazolam), Bromazepam (Hydroxybromazepam), Bromazolam, Chlordiazepoxide, Clobazam (Norclobazam), Clonazepam (7-Amino Clonazepam), Clonazolam, Clorazepate, Delorazepam, Demoxepam, Diazepam (Nordiazepam), Diclazepam, Estazolam, Etizolam (Deschloroetizolam, Hydroxyetizolam), Flubromazepam, Flubromazolam, Flunitrazepam, Flurazepam (Hydroxyflurazepam, Hydroxyethylflurazepam, Desalkylflurazepam, Norflurazepam, Hydroxyflurazepam), Ketazolam, Loprazolam, Lorazepam (Lorazepam-glucuronide), Meclonazepam, Medazepam, Methazolamide, Midazolam (11-Hydroxymidazolam), Nimetazepam, Nitrazepam (7-Amino Nitrazepam), Oxazepam, Phenazepam, Pyrazolam, Temazepam, Tetrazepam, Triazolam (Hydroxytriazolam)

**Antidepressant:** Amitriptyline, Bupropion (Hydroxybupropion), Citalopram (Citalopram/Escitalopram, Escitalopram), Duloxetine, Fluoxetine (Norfluoxetine), Mirtazapine, Nortriptyline, Paroxetine, Sertraline (Desmethylsertraline), Trazodone (mCPP), Venlafaxine (O-Desmethylvenlafaxine)

**Antipsychotic:** Aripiprazole, Asenapine, Clozapine (Desmethylclozapine, Norclozapine), Fluphenazine, Haloperidol, Lurasidone, Loxapine, Olanzapine, Quetiapine (Desalkyquetiapine, Norquetiapine), Risperidone (9-Hydroxyrisperidone)

**Stimulants:** 6-MAM, Amphetamine, Atomoxetine, Caffeine, Catha, Cocaine (Benzoylecgonine, Cocaethylene), Dexamfetamine, Dextroamphetamine, Ethylphenidate, Fluorophenmetrazine, Lisdexamfetamine, Methamphetamine, Methylenedioxyamphetamine, Methylenedioxymethamphetamine, Methylphenidate (Ritalinic Acid), Modafinil, Pemoline, Pseudoephedrine (Norpseudoephedrine), TFMPP

**Cannabinoids:** Tetrahydrocannabinol (Delta-9 THC, Delta-9 Carboxy THC, 11-Hydroxy Delta-9 THC)

**Alcohol:** Ethanol