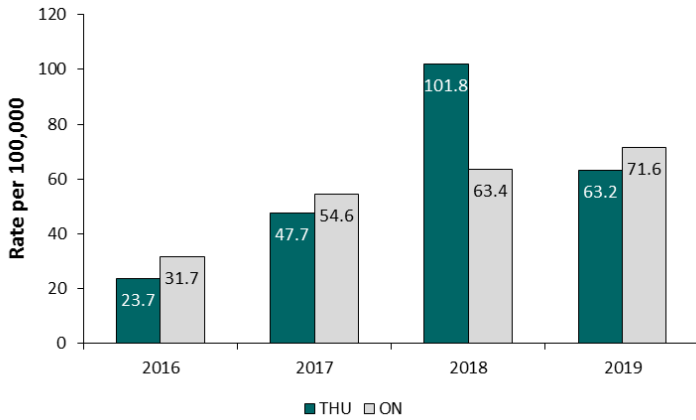




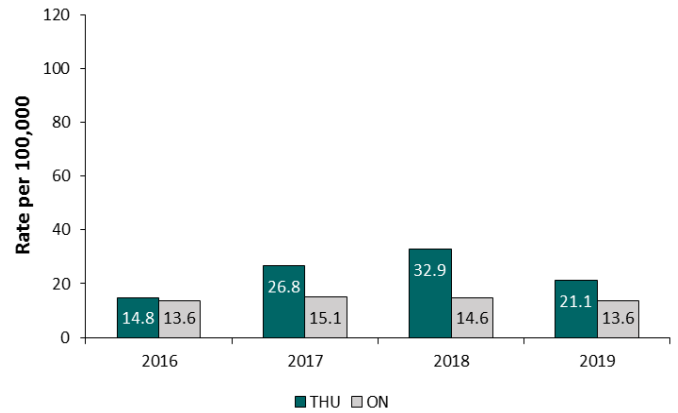
The report includes data that includes all areas served by the Timiskaming Health Unit. This includes Latchford and Temagami as well as the larger municipalities of Temiskaming Shores and Kirkland Lake.

Emergency Department (ED) Visits & Hospitalizations¹

Rate of **confirmed** opioid-related ED visits, Timiskaming District and Ontario, 2016-19



Rate of **confirmed** opioid-related hospitalizations, Timiskaming District and Ontario, 2016-19



In the Timiskaming District, the most emergency department visits in **2019** were for individuals aged **25 to 44** years of age

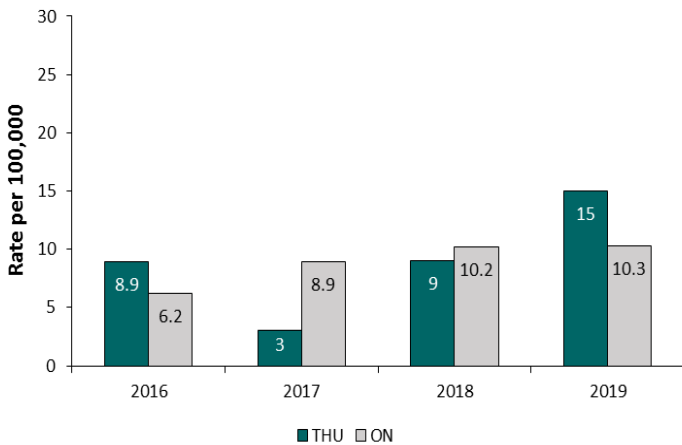
158.3 visits per 100,000

In the Timiskaming District, the most hospitalizations in **2019** occurred among those individuals aged **45 to 64** years of age.

40.8 hospitalizations per 100,000

Deaths¹

Rate of **confirmed** opioid-related deaths, Timiskaming District and Ontario, 2016-19

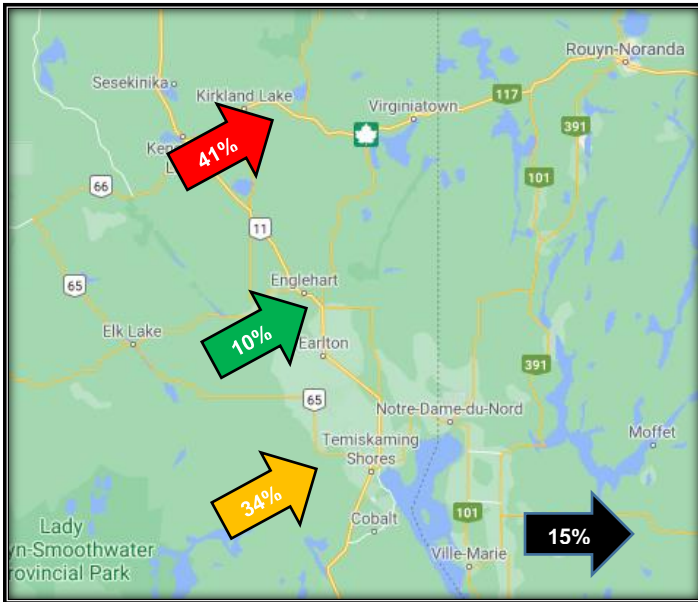


In the Timiskaming District, **FEMALES** had a higher rate of opioid-related deaths compared to **MALES** in **2019**

Male Death Rate
12.1 per 100,000

Female Death Rate
17.9 per 100,000

2020: Suspected Opioid Poisoning – Hospital Location³



According to **preliminary data** for 2020 (January to October):

Kirkland Lake and District Hospital (41%)

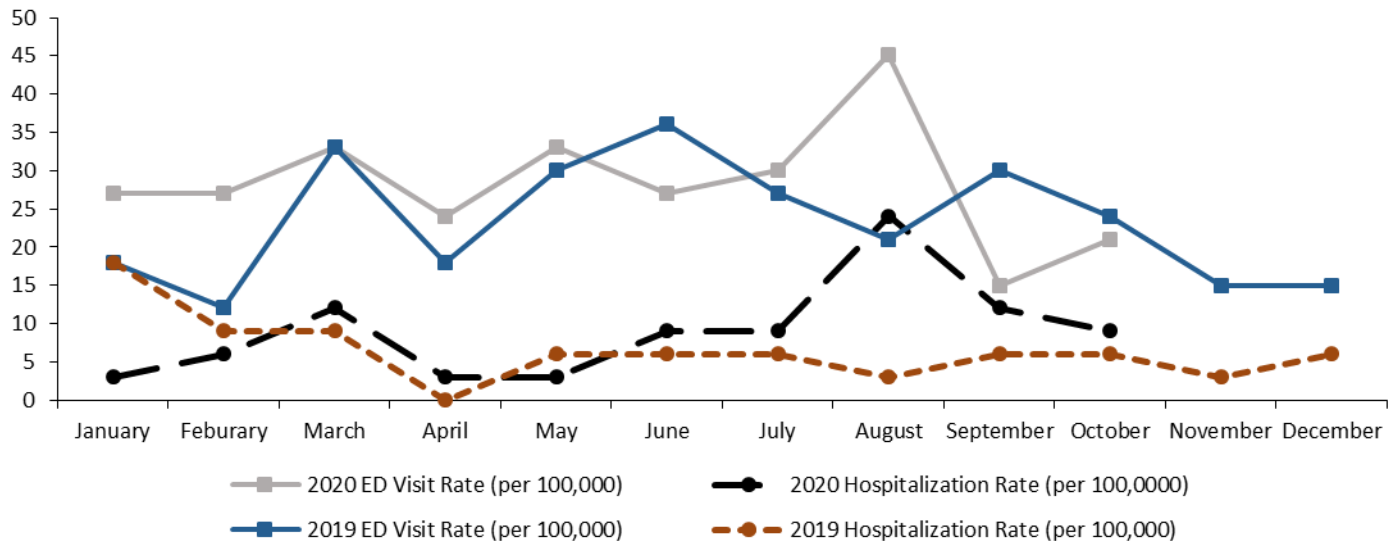
Temiskaming Hospital (34%)

Englehart and District Hospital (10%)

Timiskaming Residents in other Ontario Hospitals (15%)

2020: ED Visits & Hospitalization

Rate of **preliminary unconfirmed** opioid-related ED visits and hospitalizations, Timiskaming District, 2019-October 2020³



Preliminary unconfirmed cumulative death rate² in 2020 (January to June) and absolute count:

THU: 9.0 per 100,000 (3 deaths)

Ontario: 8.4 per 100,000 (1224 deaths)

The most common opioid present at time of death in 2019:

THU: FENTANYL (all types) was present in **60.0%** of all opioid-related deaths

Ontario: FENTANYL (all types) was present in **76.3%** of all opioid-related deaths

Notes

- Preliminary data is not confirmed and therefore, is subject to change.
- Rates are calculated using the listed place of residence at the time of incident.
- Rates in regions with small populations such as Timiskaming should be interpreted with caution as they can be easily influenced by a small number of deaths.
- The Acute Care Enhanced Surveillance System (ACES) uses chief complaint recorded by triage for each ED visit/hospitalization.
- For more detailed provincial and local data visit [Public Health Ontario's Interactive Opioid Tool](#).

Limitations

- ED visit and hospitalization data only captures those who visit the ED/are hospitalized and may not reflect the total burden on the population.
- Ontario residents who visit an ED, are hospitalized, or die outside the province are not captured.

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>
2. Ontario Drug Policy Research Network; Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Centre on Drug Policy Evaluation. Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2020.
3. Acute Care Enhances Surveillance System (ACES). Ministry of health and Long-term care; Kingston, Frontenac, and Lennox & Addington Public Health. Available from: <https://www.kflaphi.ca/acute-care-enhanced-surveillance/>