

Problematic Substance Use and Related Harms in Manitoba: **April 1 – June 30, 2019**



Manitoba 

Substance use related hospitalizations in Manitoba

Data source: Hospital Separation Abstract Database

April 1 – June 30, 2019

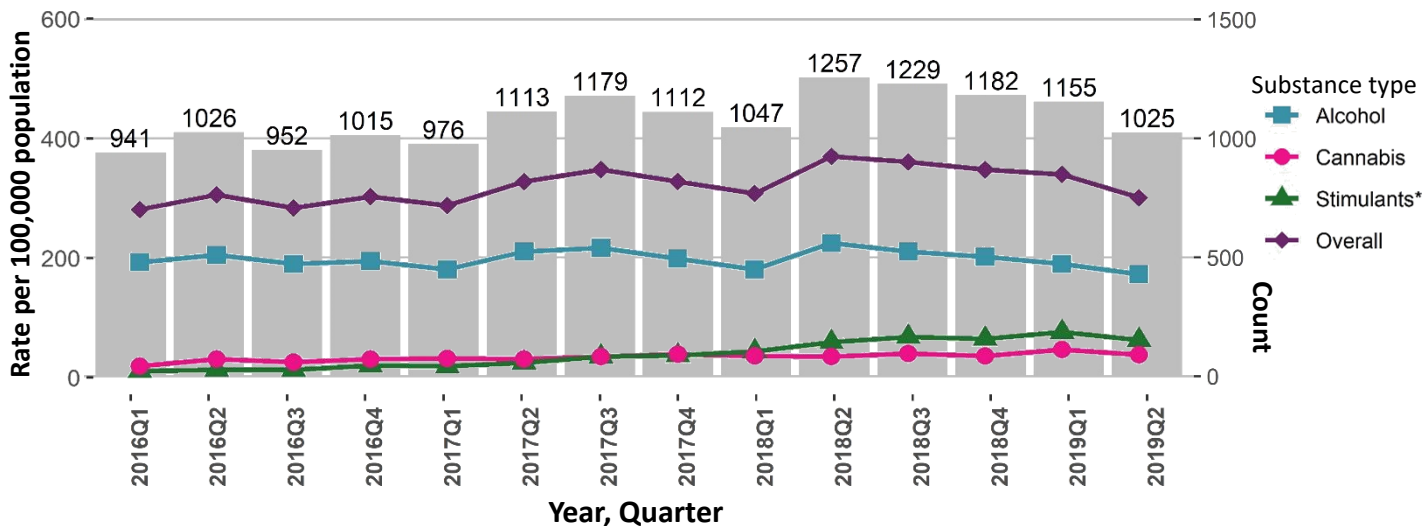
The proportion of substance use related hospitalizations was slightly higher among males.

1,025
substance use related hospitalizations were reported in Manitoba.

Individuals in the 25-29 years age group had the largest proportion of substance use related hospitalizations.

Northern Regional Health Authority (RHA) had the highest rate of substance use related hospitalizations among all RHAs in Manitoba.

Figure 1: Rate and count of substance use related hospitalizations in Manitoba by top three occurring substances, January 1, 2016 – June 30, 2019



*Stimulants include caffeine, but exclude cocaine.

In the second quarter of 2019 (April 1 – June 30), 1,025 substance use related hospitalizations were reported in Manitoba (301/100,000). A slightly higher proportion of males were hospitalized due to substance use (57%, 346/100,000). Individuals between the ages of 25 and 29 years had the largest proportion of hospitalizations (15%, 637/100,000). The highest rate of hospitalizations was among residents of Northern RHA (703/100,000), followed by Prairie Mountain Health (405/100,000), Winnipeg RHA (290/100,000), Interlake-Eastern RHA (197/100,000), and Southern Health-Santé Sud (147/100,000). The top three substance types associated with the hospitalizations were alcohol, stimulants, and cannabis.

Substance overdose related emergency department visits in Manitoba

Data source: Emergency Department Information System Database

April 1 – June 30, 2019

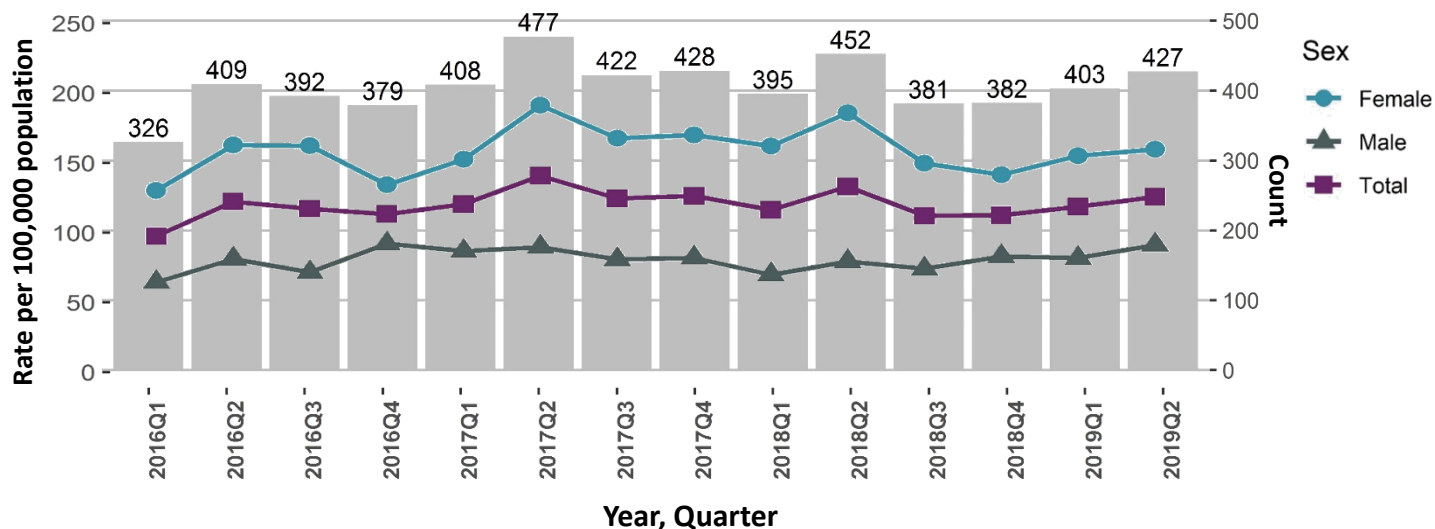
Females had a higher proportion of substance overdose related emergency department visits compared to males.

427
substance overdose related emergency department visits were reported in Manitoba.

Individuals in the 15-19 years age group had the largest proportion of substance overdose related emergency department visits.

Northern RHA had the highest rate of substance overdose related emergency department visits among all RHAs in Manitoba.

Figure 2: Rate and count of substance overdose related emergency department and urgent care facility visits in Manitoba by sex, January 1, 2016 – June 30, 2019



In the second quarter of 2019 (April 1 – June 30, 2019), 427 substance overdose related emergency department or urgent care facility visits were reported in Manitoba (126/100,000). Females had a higher proportion of visits (64%, 159/100,000), compared to males (36%, 91/100,000). Individuals between the ages of 15 and 19 years had the largest proportion of emergency department or urgent care facility visits (23%, 477/100,000). The highest rate was reported among residents of Northern RHA (213/100,000), followed by Winnipeg RHA (166/100,000), Prairie Mountain Health (63/100,000), Southern Health-Santé Sud (47/100,000), and Interlake-Eastern RHA (40/100,000).

Apparent substance use related deaths in Manitoba

Data source: Office of the Chief Medical Examiner Database

April 1 – June 30, 2019

A higher proportion of females died due to substance use.

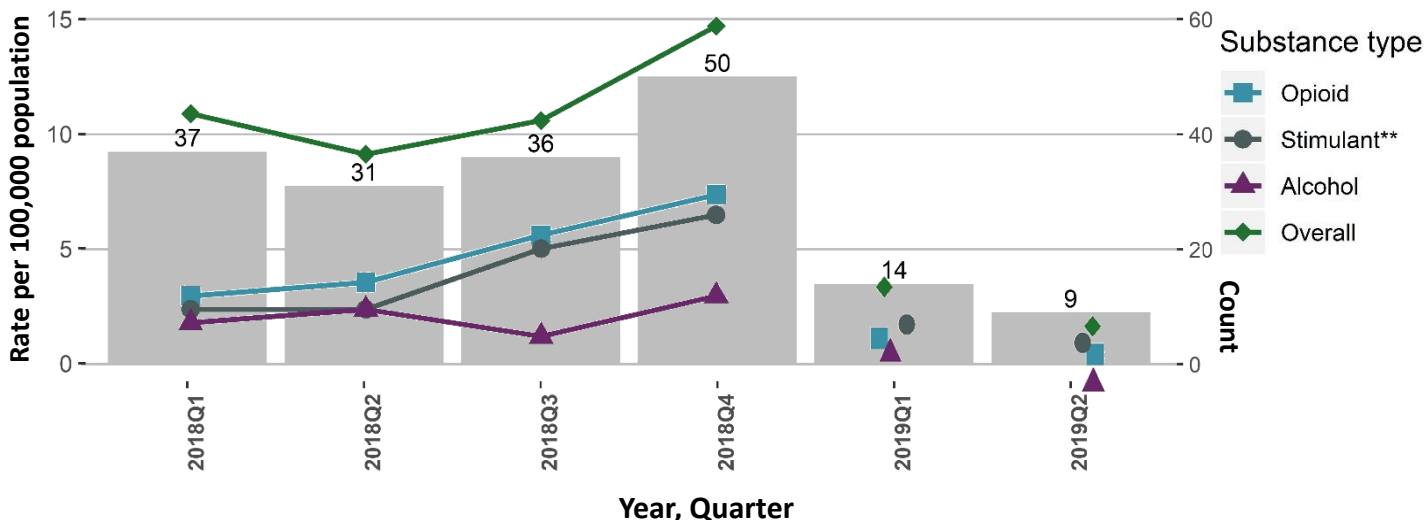
9*

apparent substance use related deaths were reported.

Individuals in the 30+ years age group had the largest proportion of apparent substance use related deaths.

Prairie Mountain Health had the highest rate of apparent substance use related deaths among all RHAs in Manitoba.

Figure 3: Rate and count of apparent substance use related deaths in Manitoba by top three substances overall, January 1, 2018 – June 30, 2019*



*2019 cases are still being entered and are under review, due to wait times for toxicology.

**Stimulants include methamphetamine and cocaine, but exclude caffeine.

In the second quarter of 2019 (April 1 – June 30), 9 substance use related deaths were reported in Manitoba (3/100,000). A higher proportion of females died due to substance use (67%, 4/100,000). Individuals 30 years of age and older had the largest proportion of deaths (78%). The highest rate of deaths was among residents of Prairie Mountain Health (5/100,000), followed by Winnipeg RHA (3/100,000), and Southern Health-Santé Sud (2/100,000). There were no reported deaths from Northern RHA and Interlake-Eastern RHA. In the second quarter of 2019, the top three substances involved in the apparent substance use related deaths were stimulants, opioids, and antidepressants.

Conclusion

Across the country, harms related to substance use continue to have devastating effects on families and communities. The Epidemiology & Surveillance Unit of Manitoba Health, Seniors and Active Living has been working closely with partners to collect and share data with stakeholders, and to monitor trends regarding substance use related harms.

As of the second quarter of 2019, the following **changes in trends** were identified:

- The rate of substance use related hospitalizations that involved alcohol was the lowest of any quarter since 2016 (173/100,000). In comparison, the corresponding rate from the year prior in 2018Q2 was 225/100,000. It is important to note that alcohol remains the leading substance resulting in hospitalization in 2019Q2, contributing to over half of all substance use related hospitalizations.
- There continues to be a steady increase in the rate of substance use related hospitalizations involving stimulants (63/100,000).
- Northern RHA had the highest rates of substance use related hospitalizations and substance overdose related emergency department visits. The highest rate of apparent substance use related deaths was reported in Prairie Mountain Health in 2019Q2.
- In the second quarter of 2019, the top three substances responsible for hospitalizations were alcohol, stimulants, and cannabis. The corresponding data for apparent substance use related deaths were stimulants, opioids, and antidepressants.

Other relevant resources

- [National report - Apparent opioid-related deaths in Canada](#)
- [Suspected opioid-related overdoses in jurisdictions across Canada based on Emergency Medical Services data](#)
- [Canadian pain task force](#)
- [Canadian Institute for Health Information - Health system resources for mental health and addictions care in Canada](#)
- [Statistics Canada - Police-reported crime statistics, 2018](#)
- [British Columbia Centre on Substance Use \(BCCSU\) - Gone too soon - Navigating grief and loss as a result of substance use](#)

Data Notes

Hospital Separation Abstract Database

Manitoba Health, Seniors and Active Living's population-based Hospital Separation Abstract database was used to measure substance use related hospitalizations in Manitoba. At the time of this report preparation, the database was incomplete and we used open-year hospital separation abstracts. Therefore, the results in this report may not represent true provincial data. Substance categories included alcohol, opioids, cannabis, other central nervous system (CNS) depressants, cocaine, other CNS stimulants, other substances, and unknown and multiple substances. Examples of "other CNS depressants" included benzodiazepines (for sleep, anxiety), gabapentin and pregabalin (anticonvulsant drugs used for pain). Examples of "other CNS stimulants" included amphetamines (e.g., crystal meth, ecstasy) and prescription drugs for attention deficit disorder. Examples of "other substances" included hallucinogens and inhaled solvents. When the identified substance was composed of mixed unknown drugs or could not be classified in other categories, the hospital stay was categorized in the "unknown and multiple substances" group.

Emergency Department Information System Database

The Emergency Department Information System (EDIS) database contains information on services received by a patient as he or she progresses through an emergency department from the first point of entry at the triage desk through to discharge. Emergency department admissions due to overdose at CTAS 1 – Resuscitation and 2 - Emergent in all RHAs are described using EDIS database. Individuals are excluded if they were less than 9 years of age at the time of visit. At this point in time, EDIS does not collect information on the suspected substance involved in an overdose admission, nor is confirmatory drug testing routinely undertaken. The chief complaint or visit reason of overdose used to extract the data for this report is based on the triage nurse's initial impression when the patient first arrives and overdoses, which may not always be initially recognized. As a result, the number of overdose admissions is likely to be undercounted in this report.

Office of the Chief Medical Examiner Database

The Office of the Chief Medical Examiner database was used to describe the apparent substance use related deaths in Manitoba. Data was gathered through chart reviews of the substance use related deaths examined at the Office of the Chief Medical Examiner. This report applies the definitions developed by the Public Health Agency of Canada to ensure consistency with other jurisdictions across Canada: an individual who died in Manitoba after an acute intoxication/toxicity resulting from the direct effects of the administration of exogenous substances, where one or more of the substances was a drug or alcohol.