

Apparent opioid-related deaths in New Brunswick

Quarter 1 (update) and Quarter 2, 2017 Report

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Quarter 1: January 1 to March 31, 2017 (update) and Quarter 2: April 1 to June 30, 2017 Report

Introduction

This quarterly surveillance report focuses on all apparent opioid-related deaths (including fentanyl) that are classified as either accidental (unintentional) or of undetermined intent at the time of reporting. The Chief Coroner's Office collects these data and shares them with the Department of Health. Data on deaths, including intentional, related to any type of drugs (opioids and non-opioids) are also included.

Limitations

The number of apparent opioid-related deaths may change over time for any given month as certification of cause of death may lead to a change in classification. Data in this report reflects data received from the Chief Coroner's Office as of August 3, 2017.

Caution should be used while interpreting region-specific or age-specific rates because of the small numbers involved that can lead to unstable rates.

Definitions used in this report:

- Apparent opioid-related death: A death caused by intoxication/toxicity (poisoning) as a result of drug use, where one or more of the drugs is an opioid.

The data include:

- Open (preliminary) and closed (certified) cases.

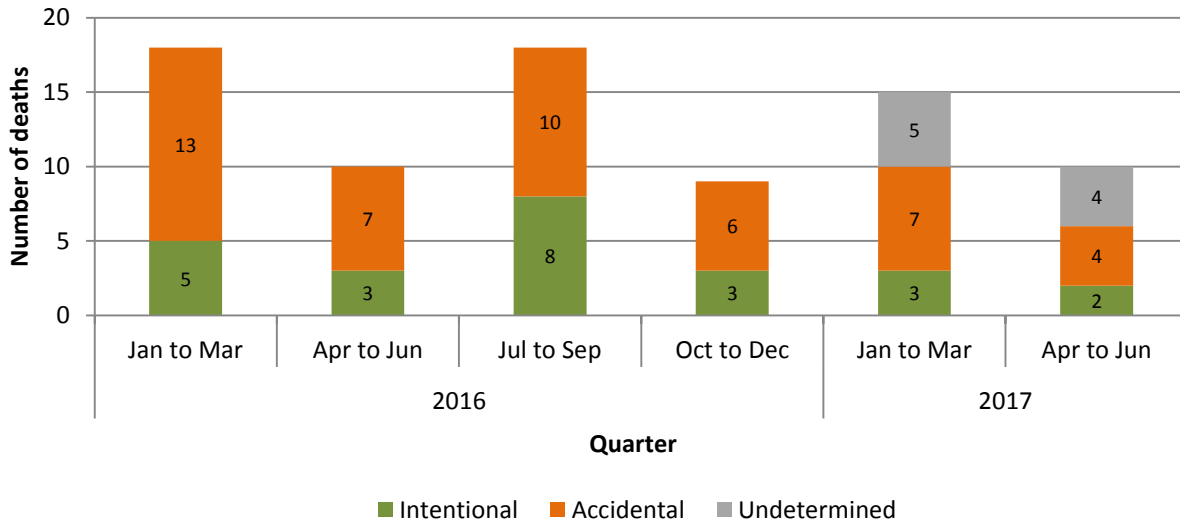
The data **do not** include:

- Chronic substance use.
- Medical assistance in dying.
- Trauma where an exogenous substance contributed to the circumstances of the injury.
- Accidental death: A death considered to be non-intentional in nature.
- Undetermined death: The intent of death was unknown or is yet to be determined.
- Intentional death: The death occurred as a result of purposely self-inflicted harm
- Non-fentanyl opioids: Includes buprenorphine metabolites, codeine, dihydrocodeine, heroin, hydrocodone, hydromorphone (total, unconjugated), loperamide, meperidine, methadone, monoacetylmorphine, morphine (unconjugated, unconjugated-RIA), normeperidine, oxycodone, tapentadol, tramadol, U-47700.
- Fentanyl-related opioids: Includes fentanyl, norfentanyl, acetylfentanyl, 3-methylfentanyl, carfentanil, butyrylfentanyl, furanyl-fentanyl, despropionyl-fentanyl.
- Any opioid: Either non-fentanyl opioid or fentanyl-related opioid.
- Prescription opioid/fentanyl: A medically prescribed opioid/fentanyl to the same deceased person.
- Illicit opioid/fentanyl: Street opioid/fentanyl or opioid/fentanyl medically prescribed to a person other than the deceased person.
- Judicial district: location of death or where the deceased was found.

Summary of 2017: January 1 to June 30 (Quarter 1 and 2)

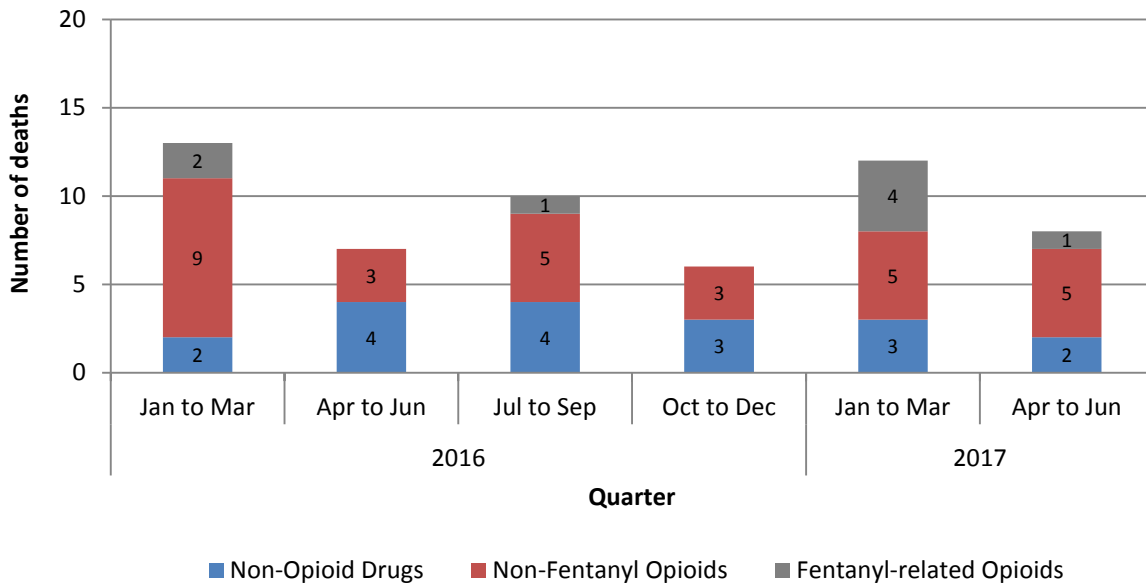
- Twenty-five deaths (including both intentional and accidental) due to any type of drug (opioids and non-opioids) occurred between January 1 and June 30, 2017, of which 17 (68%) were related to opioids.
- **Fifteen** (88%) of the 17 apparent opioid-related deaths were classified as **accidental or of undetermined intent** at the time of reporting. The number of undetermined deaths is expected to change as additional data become available.
- Five of all accidental/undetermined apparent opioid-related deaths were associated with fentanyl-related opioids whether detected alone (1 death) or mixed with other opioids (4 deaths). Fentanyl was reported in 3 deaths and fentanyl in 2 deaths. Fentanyl was not associated with any of the intentional deaths.
- **Of the 15 accidental/undetermined apparent opioid-related deaths:**
 - o Nine were males and 6 were females.
 - o Over half (53%) were between 20 and 39 year old; and 20% were in the 50-59 year old age group.
 - o Nine apparent opioid-related deaths occurred in Quarter 1 and 6 occurred in Quarter 2
 - o Forty percent (6/15) of apparent opioid-related deaths were from illicit opioids, 33% (5/15) from prescribed opioids, and 27% (4/15) had an undetermined source.
 - o All 6 deceased from reported illicit opioid overdose were in the 15-39 year old age group.
 - o Saint John had the highest number of accidental/undetermined apparent opioid-related deaths (6 deaths) with a crude death rate of 3.5 deaths per 100,000 population. Crude death rates ranged from 0 to 2.2 deaths per 100,000 population in other judicial districts. These rates need to be interpreted with caution as small numbers can lead to unstable rates.
 - o Fourteen of the accidental/undetermined apparent opioid-related deaths (93%) were associated with the mixed use of opioids with other substances, which include, but not limited to, alcohol, benzodiazepines, cocaine, W-18 etc.

Graph 1. All apparent drug-related (opioid and non-opioid) deaths by intent (intentional, accidental or undetermined*), quarterly in New Brunswick, January 2016 to June 2017. (Data source: Chief Coroner Office, August 3, 2017)



*The number of undetermined deaths is expected to change as additional data become available.

Graph 2. Accidental and undetermined* drug-related deaths, by drug type quarterly, in New Brunswick, January 2016 to June 2017. (Data source: Chief Coroner Office, August 3, 2017)



*Number of reported Undermined deaths was 0 in 2016 and 9 in 2017 (Quarter 1 and 2). The number of undetermined deaths is expected to change as additional data becomes available.

Graph 3. Age distribution of accidental and undetermined apparent opioid-related deaths by sex and source in New Brunswick, January to June 2017 (Quarter 1 and 2). (Data source: Chief Coroner Office, August 3, 2017)

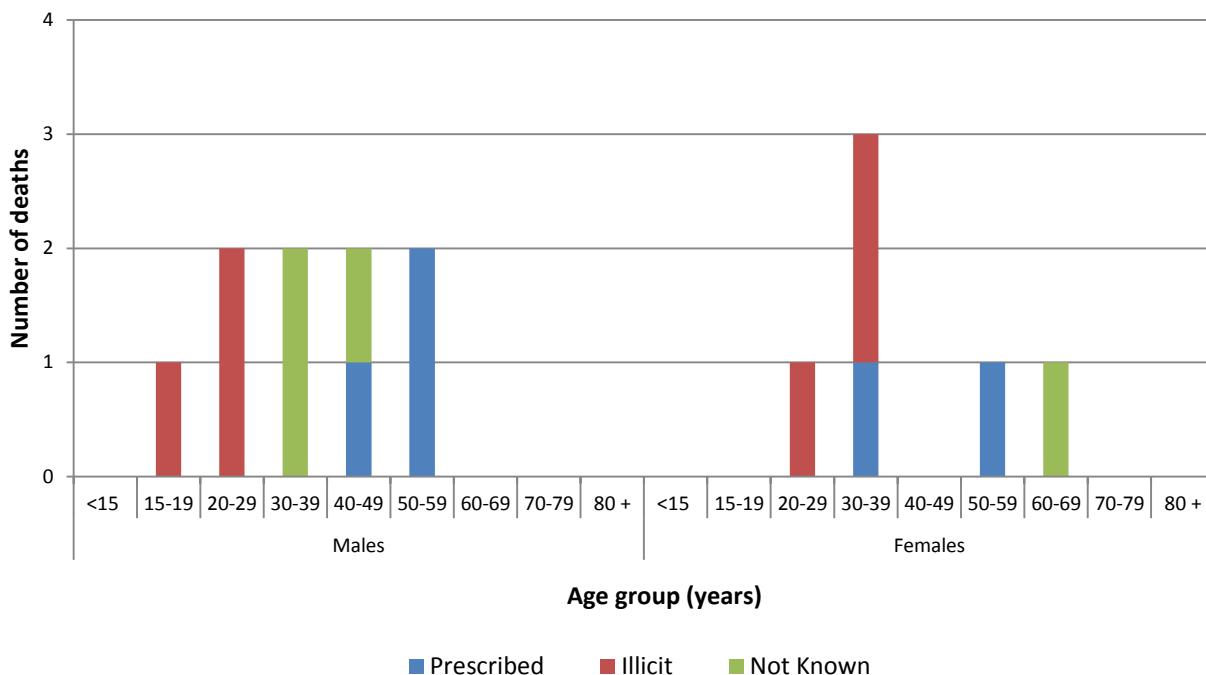


Table 1. Accidental and undetermined apparent opioid-related crude mortality rates, by judicial district, New Brunswick, 2016 and 2017* (up to end of June). (Data source: Chief Coroner Office, August 3, 2017)

Judicial District(s)	2016		2017 (Jan to Jun)*	
	Number (%) of deaths reported	Death Rate per 100,000 population	Number (%) of deaths reported	Death Rate per 100,000 population
Bathurst	1 (4%)	1.3	1 (7%)	1.3
Campbellton	2 (9%)	7.8	0 (0%)	0.0
Edmundston	1 (4%)	2.1	1 (7%)	2.1
Fredericton/ Woodstock	0 (0%)	0.0	2 (13%)	1.1
Moncton	9 (39%)	4.2	4 (27%)	1.9
Miramichi	2 (9%)	4.4	1 (7%)	2.2
Saint John	8 (35%)	4.6	6 (40%)	3.5
New Brunswick	23	3.0	15	2.0

Source for rate calculations: OCMOH, Communicable Disease Control Branch. The denominators used were 2016 population estimates received from Statistics Canada, Demography Division; March 2017.

* 2017 rates are not directly comparable to 2016 rates as they only represent half a year of data and will continue to increase as more deaths are reported throughout the year.