




Suspected Opioid-Related Overdoses

Based on Emergency
Medical Services

Surveillance of Opioid- and
Stimulant-Related Harms in Canada



January 2017 to June 2021



**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP,
PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.**

—Public Health Agency of Canada

Prepared by the Substance-related Overdose and Mortality Surveillance Task Group (SOMS-TG)
of the Special Advisory Committee (SAC) on the Epidemic of Opioid Overdoses

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*Surdoses suspectées d'être liées aux opioïdes selon les données des services médicaux d'urgence
Surveillance des méfaits associés aux opioïdes et aux stimulants au Canada
Janvier 2017 à juin 2021*

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Key Findings

Context

The COVID-19 outbreak is worsening the already deadly and ongoing public health crisis of opioid overdoses and deaths. It is having a tragic impact on people who use substances, their families, and communities across Canada. People who use substances, such as opioids, cocaine, and methamphetamine, are experiencing a number of increased risks, with several jurisdictions reporting higher rates of fatal overdoses and other harms.

These updates include available data on overdoses and deaths involving opioids and/or stimulants from January 2016 to June 2021, where available. Recognizing that harms related to opioids, stimulants, and other substances extend beyond overdoses (poisonings) and deaths, we continue to work with federal, provincial and territorial partners to build a broad understanding of harms and substances involved to better respond to the crisis. [Additional studies](#) can also help us plan and tailor actions to achieve better possible outcomes.

There were more than 17,400 Emergency Medical Services (EMS) responses to suspected opioid-related overdoses based on available data from nine provinces and territories between January and June 2021

- 9,782 EMS responses to suspected opioid-related overdoses occurred between April and June 2021, which is 27% higher than the period from January to March 2021. This also represents a 31% increase from April to June 2020 (7,461) and a 63% increase compared to April to June 2019 (6,000).
- A number of factors have likely contributed to a worsening of the overdose crisis over the course of the pandemic, including the increasingly toxic drug supply, increased feelings of isolation, stress and anxiety and limited availability or accessibility of services for people who use drugs.
- Similar to other harms, higher numbers of EMS responses for suspected opioid-related overdoses occurred in some provinces including British Columbia, Alberta and Ontario.



Middle aged males continue to be most impacted

- 73% of EMS responses for suspected opioid-related overdoses between January and June 2021 were among males.
- 78% of EMS responses were among individuals aged between 20 and 49 years.



This update is based on data submitted to the Public Health Agency of Canada on or before November 12, 2021. Due to differences in identifying and reporting cases, comparisons over time and between provinces and territories should be interpreted with caution. Refer to the [Technical notes](#) for more information.

Technical notes

Case definitions

There is currently no national case definition for Emergency Medical Services (EMS) responses to suspected opioid-related overdoses. Therefore, each region reports data based on their respective provincial or territorial case definition. Due to differences in these case definitions, comparisons over time and between provinces and territories should be interpreted with caution.

Table A. Case definitions for suspected opioid-related overdose EMS responses for provinces and territories with available data as of November 12, 2021

Region	Data Source	Primary Case Definition
British Columbia	BC Emergency Health Services (BCEHS)	The current BCCDC Overdose Surveillance definition for paramedic attended overdose events is based on a cluster analysis algorithm, which codes ambulance-attended events as overdose cases when naloxone was administered by paramedics OR where the paramedic impression codes are related to recreational drug overdose and the Medical Priority Dispatch System (MPDS) code was consistent with possible drug overdose.
Alberta	Alberta Health Services	Documentation of opioid medical control protocol or administration of naloxone.
Saskatchewan	Provincial Ambulance Information System	Emergency response calls where Narcan (naloxone) is administered by ambulance crews and the patient has an assessment code for Possible Narcotic Overdose.
Winnipeg, Manitoba	Winnipeg Fire Paramedic Service	The number of suspected overdose cases receiving naloxone from Winnipeg Fire Paramedic Service (WFPS).
Northern and rural Manitoba	Medical Transportation Coordination Centre	The number of suspected overdose cases in northern and rural Manitoba receiving naloxone from EMS dispatched through the Medical Transportation Coordination Centre (MTCC) or a bystander on scene.
Ontario	Ontario Ambulance Call Reports	Suspected opioid overdose requiring administration of naloxone by paramedics (as indicated by Medication Code “Naloxone (610)”).
New Brunswick	Ambulance New Brunswick	A patient who responded to naloxone that was administered by an Ambulance New Brunswick first responder for a suspected opioid overdose.
Nova Scotia	Emergency Health Services Nova Scotia	The number of emergency responses where naloxone was administered by an intensive care Paramedic, an advanced care Paramedic or a critical care Paramedic when respiration or airway were compromised despite basic life support airway management AND an opioid intoxication was suspected.



Region	Data Source	Primary Case Definition
Newfoundland and Labrador	Provincial Medical Oversight Office	Emergency response to an opioid-related overdose where naloxone is administered by paramedics.
Whitehorse, Yukon	Yukon Emergency Medical Services	<p>Paper-based patient care reports:</p> <ol style="list-style-type: none">1. Suspected opioid overuse is identified during the 9-1-1 call taking process; and/or2. Opioid overuse or overdose are identified in the Patient Care Report's narrative, history of event, or chief complaint; and/or3. Naloxone administered by a designated emergency responder, allied health care provider, or layperson at the scene. <p>Electronic-based patient care reports:</p> <ol style="list-style-type: none">1. Primary problem or final primary problem classified as "suspected opioid overdose"; and/or2. Procedure code: Naloxone administered by designated emergency responder, allied health care provider, or layperson at the scene.
Yellowknife, Northwest Territories	Yellowknife Fire and Ambulance Services	Suspected overdose identified as chief complaint and an opioid identified as the overdose product OR suspected overdose identified as the chief complaint and naloxone administered by paramedics



How suspected opioid-related overdoses are counted

Counts are provided by the provinces and territories that collect data from their respective Emergency Medical Services.

The data provided by the provinces and territories include EMS responses to suspected overdoses where:

- Naloxone was administered by a member of the Emergency Medical Services or a bystander on site, or
- Naloxone was not necessarily administered but an opioid-related overdose was suspected

These data **do not** include suspected overdoses where:

- Emergency Medical Services were not contacted or the client was gone on arrival

However, some provincial and territorial differences remain in the type of data reported and in the time periods for which data are available (refer to [Table B](#) and [Table C](#)).

Limitations of the EMS data on suspected opioid-related overdoses

Data presented in this update should be interpreted with caution.

- This update is based on data submitted to the Public Health Agency of Canada on or before November 12, 2021. New or revised data reported after this date will be reflected in future updates.
- Data released by provinces and territories may differ due to the availability of updated data, the use of alternate age groupings, differences in time periods presented and/or population estimates used for calculations, etc.
- This update is based on data that do not specify how the opioids were obtained (e.g. illegally or through personal prescription); the level of toxicity may differ depending on the opioid (substance(s) involved, concentration, and dosage).
- No drug or laboratory testing is undertaken by any province or territory to confirm whether ingestion of an opioid has occurred. As a result, the number of patients receiving naloxone might be an overestimation of the actual number of opioid-related overdoses as naloxone will not have an effect if opioids were not taken.



Notes on provincial and territorial data

Due to differences in case definitions, comparisons over time and between provinces and territories should be interpreted with caution.

General notes

1. Data reported by some provinces and territories may not include age group and sex information; refer to [Table B](#) for more details.
2. Data presented here are updated on a quarterly basis and are subject to change as new or updated information becomes available.
3. Data were not available for Quebec, Prince Edward Island and Nunavut.
4. Data from British Columbia include EMS responses to suspected overdoses related to all illicit drugs including but not limited to opioids. While data are updated quarterly, there may be a lag in reporting. As a result, discrepancies may be noted between the national quarterly reporting of suspected overdoses in BC and the quarterly reporting of suspected overdoses by BCEHS, please refer to section 1 of the latest [report](#).
5. Starting in 2018, Alberta provincial EMS data covers nearly 100% of ground ambulance services in Alberta. Data from air ambulance and interfacility transfers are not included. In 2017, EMS data were only available for the cities of Calgary and Edmonton.
6. Saskatchewan reports data from licensed ambulance services only. These data do not include events where naloxone was administered by bystanders or other first responders (e.g. police or firefighters).
7. Manitoba reports data for two distinct regions: 1) Winnipeg, and 2) Northern and rural Manitoba.
8. Northern and rural Manitoba data include land and air transports, but exclude interfacility transports. Naloxone administration counts are based on information either collected from the on scene caller or provided by the dispatched EMS personnel to the MTCC during call back.
9. Ontario data relies on documentation by paramedics and extraction from Ministry of Health designated Base Hospitals. Data submitted for the province for April to June 2018 and for January to March 2019 were only available for the geographical area containing ~95.5% and ~99.6% of the Ontario population (based on 2016 Statistics Canada Census), respectively.
10. The number of patients receiving naloxone may overestimate the actual number of opioid-related overdoses as naloxone will not have an effect if opioids were not consumed. Therefore, New Brunswick reports the number of patients responding to naloxone. These data do not include overdoses where patients were dead on arrival or were not given naloxone by Ambulance New Brunswick.
11. Newfoundland and Labrador EMS data may underestimate the burden of suspected opioid-related overdose instances in the province. The number of suspected opioid-related EMS responses is subject to change due to a lag in reporting of retrospective naloxone administration.
12. Yukon EMS data were only available for the city of Whitehorse.
13. Northwest Territories EMS data were only available for the city of Yellowknife.



Sex and age group

14. EMS data on suspected opioid-related overdoses where sex was categorized as “Unknown” were excluded from analyses by sex, but were included in overall analyses.
15. EMS data on suspected opioid-related overdoses where age group was categorized as “Unknown” were excluded from analyses by age group, but were included in overall analyses.
16. Due to rounding, percentages may not add to 100%.
17. British Columbia data by age group were not reported.
18. Saskatchewan data by sex and age group were only reported from 2018 to 2021.
19. Winnipeg, Manitoba data do not include individuals nine years or younger.
20. Newfoundland and Labrador data by sex and age group were not reported.
21. Yukon data by sex and age group were only reported from 2019 to 2021.

Data suppression

Counts of five or less were suppressed to address concerns around releasing small numbers.



Table B. Reporting periods and available variables included in suspected opioid-related overdose EMS data used for this update by province or territory

		BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	YT	NT	NU
Reporting period (as of November 12, 2021)														
2017	January to December	✓	✓	n/a	✓ (INC)	n/a	n/a	✓	n/a	n/a	✓ (INC)	✓	✓	n/a
2018	January to December	✓	✓	✓ (INC)	✓	✓ (INC)	n/a	✓	✓ (INC)	n/a	✓ (INC)	✓	✓	n/a
2019	January to December	✓	✓	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	n/a
2020	January to December	✓	✓	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	n/a
2021	January to June	✓	✓	✓	✓	✓	n/a	✓	✓	n/a	n/a	n/a	✓	n/a
Data availability by variables collected														
Sex data		✓	✓	✓ (INC)	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	n/a
Age group data		n/a	✓	✓ (INC)	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	n/a

✓ These data have been reported by the province or territory and are reflected in this update, unless otherwise specified.

(INC) Data were not reported for the full time period. Please refer to Table C for more details.

n/a Data were not available at the time of this publication.

Table C. Specific reporting periods included in EMS data on suspected opioid-related overdoses used for this update, by region

Region	Reporting period
British Columbia	January 2017 to June 2021
Alberta	January 2017 to June 2021
Saskatchewan	April 2018 to June 2021
Winnipeg, Manitoba	January 2017 to June 2021
Northern and rural Manitoba	May 2017 to June 2021
Ontario	April 2018 to June 2021
New Brunswick	January 2017 to June 2021
Nova Scotia	June 2018 to June 2021
Newfoundland and Labrador	April 2017 to March 2018
Whitehorse, Yukon	January 2017 to June 2021
Yellowknife, Northwest Territories	January 2017 to June 2021



Appendix



Table 1. Number of EMS responses to suspected opioid-related overdoses by region, 2017 to 2021 (Jan to Jun)

Region	2017	2018	2019	2020	2021 (Jan to Jun)
BC	12,961	13,365	13,486	17,011	10,576
AB	2,643	4,206	3,536	5,188	3,139
SK	n/a	201	329	649	381
Winnipeg, MB	736	592	774	1,543	842
Northern and Rural MB	32	21	21	53	28
ON	n/a	1,804	2,629	3,809	2,268
NB	152	110	127	125	74
NS	n/a	111	188	182	114
NL	46	Suppr.	n/a	n/a	n/a
Whitehorse, YT	59	78	48	104	58
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

Suppressed (Suppr.) Counts five or less are not presented to address concerns around releasing small numbers.

Not available (n/a) Data were not available at the time of this publication.

Includes overdoses related to all illicit drugs including, but not limited to, opioids.



Table 2. Number of EMS responses to suspected opioid-related overdoses by region and by quarter, January 2017 to June 2021

Region	2017				2018				2019				2020				2021	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
BC	3,285	3,751	3,315	2,610	2,795	3,545	3,633	3,392	3,938	3,619	3,249	2,680	2,927	4,208	4,929	4,947	4,699	5,877
AB	567	669	803	604	1,038	1,153	1,106	909	917	995	949	675	620	1,485	1,676	1,407	1,291	1,848
SK	n/a	n/a	n/a	n/a	n/a	80	63	58	68	78	103	80	74	184	194	197	189	192
Winnipeg, MB	210	225	177	124	131	155	164	142	157	215	184	218	194	405	563	381	358	484
Northern and Rural MB	n/a	10	10	12	9	Suppr.	Suppr.	6	10	6	Suppr.	Suppr.	9	7	23	14	8	20
ON	n/a	n/a	n/a	n/a	n/a	552	628	624	833	990	384	422	614	1,079	1,080	1,036	1,039	1,229
NB	45	33	36	38	22	35	25	28	18	36	39	34	20	33	41	31	37	37
NS	n/a	n/a	n/a	n/a	n/a	19	56	36	50	46	52	40	42	38	62	40	57	57
NL	n/a	30	8	8	Suppr.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	15	13	22	9	13	36	18	11	9	15	13	11	26	22	23	33	20	38
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

Suppressed (Suppr.) Counts five or less are not presented to address concerns around releasing small numbers.

Not available (n/a) Data were not available at the time of this publication.

Includes overdoses related to all illicit drugs including, but not limited to, opioids.

Q1 = January to March; Q2 = April to June; Q3 = July to September; Q4 = October to December



Table 3. Annual sex distribution of EMS responses to suspected opioid-related overdoses by region, 2017 to 2021 (Jan to Jun)

Region	2017		2018		2019		2020		2021 (Jan to Jun)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
BC	73%	27%	74%	26%	73%	27%	75%	25%	75%	25%
AB	72%	28%	69%	31%	67%	33%	70%	30%	71%	29%
SK	n/a	n/a	71%	29%	68%	32%	67%	33%	65%	35%
Winnipeg, MB	59%	41%	52%	48%	60%	40%	62%	38%	63%	37%
Northern and Rural MB	70%	30%	38%	62%	52%	48%	62%	38%	79%	21%
ON	n/a	n/a	71%	29%	74%	26%	74%	26%	75%	25%
NB	55%	45%	50%	50%	58%	42%	57%	43%	65%	35%
NS	n/a	n/a	69%	31%	63%	37%	57%	43%	62%	38%
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	n/a	n/a	n/a	n/a	63%	38%	61%	39%	64%	36%
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

Suppressed (Suppr.) Counts five or less are not presented to address concerns around releasing small numbers.

Not available (n/a) Data were not available at the time of this publication.

Includes overdoses related to all illicit drugs including, but not limited to, opioids.



Table 4. Quarterly sex distribution of EMS responses to suspected opioid-related overdoses by region, January 2017 to June 2021

2017

Region	Q1		Q2		Q3		Q4	
	Male	Female	Male	Female	Male	Female	Male	Female
BC	74%	26%	73%	27%	72%	28%	74%	26%
AB	73%	27%	74%	26%	70%	30%	72%	28%
SK	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Winnipeg, MB	60%	40%	61%	39%	61%	39%	52%	48%
Northern and Rural MB	n/a	n/a	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NB	56%	44%	58%	42%	50%	50%	55%	45%
NS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

2018

Region	Q1		Q2		Q3		Q4	
	Male	Female	Male	Female	Male	Female	Male	Female
BC	72%	28%	73%	27%	75%	25%	75%	25%
AB	70%	30%	68%	32%	69%	31%	68%	32%
SK	n/a	n/a	71%	29%	81%	19%	60%	40%
Winnipeg, MB	48%	52%	52%	48%	57%	43%	50%	50%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	n/a	n/a	70%	30%	72%	28%	72%	28%
NB	50%	50%	49%	51%	42%	58%	59%	41%
NS	n/a	n/a	Suppr.	Suppr.	70%	30%	67%	33%
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.



2019

Region	Q1		Q2		Q3		Q4	
	Male	Female	Male	Female	Male	Female	Male	Female
BC	74%	26%	74%	26%	72%	28%	72%	28%
AB	70%	30%	66%	34%	67%	33%	64%	36%
SK	66%	34%	69%	31%	61%	39%	78%	23%
Winnipeg, MB	61%	39%	65%	35%	60%	40%	56%	44%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	76%	24%	76%	24%	67%	33%	69%	31%
NB	47%	53%	50%	50%	66%	34%	65%	35%
NS	64%	36%	59%	41%	62%	38%	68%	33%
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Suppr.	Suppr.	Suppr.	Suppr.	46%	54%	Suppr.	Suppr.
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

2020

Region	Q1		Q2		Q3		Q4	
	Male	Female	Male	Female	Male	Female	Male	Female
BC	74%	26%	77%	23%	74%	26%	75%	25%
AB	65%	35%	72%	28%	70%	30%	70%	30%
SK	59%	41%	71%	29%	64%	36%	68%	32%
Winnipeg, MB	59%	41%	62%	38%	63%	37%	64%	36%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.	55%	45%	Suppr.	Suppr.
ON	75%	25%	73%	27%	76%	24%	75%	25%
NB	65%	35%	48%	52%	59%	41%	58%	42%
NS	60%	40%	39%	61%	63%	37%	63%	38%
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	62%	38%	50%	50%	60%	40%	70%	30%
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

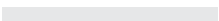


2021 (Jan to Jun)

Region	Q1		Q2	
	Male	Female	Male	Female
BC	75%	25%	75%	25%
AB	70%	30%	72%	28%
SK	67%	33%	63%	38%
Winnipeg, MB	65%	35%	61%	39%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.
ON	76%	24%	73%	27%
NB	62%	38%	68%	32%
NS	63%	37%	61%	39%
NL	n/a	n/a	n/a	n/a
Whitehorse, YT	61%	39%	66%	34%
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.

Suppressed (Suppr.) Counts five or less are not presented to address concerns around releasing small numbers.

Not available (n/a) Data were not available at the time of this publication.

 Includes overdoses related to all illicit drugs including, but not limited to, opioids.

Q1 = January to March; Q2 = April to June; Q3 = July to September; Q4 = October to December



Table 5. Annual age group distribution of EMS responses to suspected opioid-related overdoses by region, 2017 to 2021 (Jan to Jun)

2017

Region	Age group					
	0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 and over
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	4%	32%	32%	16%	10%	6%
SK	n/a	n/a	n/a	n/a	n/a	n/a
Winnipeg, MB	5%	35%	27%	15%	9%	8%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	n/a	n/a	n/a	n/a	n/a	n/a
NB	5%	19%	26%	15%	16%	19%
NS	n/a	n/a	n/a	n/a	n/a	n/a
NL	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	n/a	n/a	n/a	n/a	n/a	n/a
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

2018

Region	Age group					
	0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 and over
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	4%	33%	30%	16%	10%	7%
SK	4%	35%	29%	14%	11%	6%
Winnipeg, MB	5%	29%	28%	18%	11%	9%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	2%	26%	31%	20%	13%	9%
NB	Suppr.	20%	17%	21%	Suppr.	24%
NS	6%	15%	17%	22%	18%	22%
NL	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	n/a	n/a	n/a	n/a	n/a	n/a
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.



2019

Region	Age group					
	0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 and over
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	3%	28%	32%	17%	11%	8%
SK	3%	37%	27%	17%	11%	5%
Winnipeg, MB	6%	30%	32%	17%	10%	7%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	2%	26%	30%	18%	16%	7%
NB	5%	14%	15%	19%	20%	27%
NS	Suppr.	Suppr.	23%	16%	16%	27%
NL	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Suppr.	20%	35%	15%	Suppr.	17%
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

2020

Region	Age group					
	0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 and over
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	3%	26%	32%	20%	12%	7%
SK	2%	27%	34%	20%	13%	4%
Winnipeg, MB	7%	32%	31%	17%	10%	4%
Northern and Rural MB	Suppr.	38%	38%	15%	Suppr.	Suppr.
ON	2%	23%	33%	19%	15%	8%
NB	5%	18%	19%	24%	14%	20%
NS	3%	20%	19%	21%	13%	23%
NL	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Suppr.	37%	32%	11%	14%	Suppr.
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.



2021 (Jan to Jun)

Region	Age group					
	0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 and over
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	3%	26%	34%	19%	12%	6%
SK	2%	22%	33%	23%	14%	6%
Winnipeg, MB	3%	29%	35%	17%	12%	4%
Northern and Rural MB	Suppr.	39%	43%	Suppr.	Suppr.	Suppr.
ON	2%	22%	34%	22%	14%	7%
NB	Suppr.	21%	Suppr.	18%	22%	29%
NS	Suppr.	17%	27%	17%	Suppr.	21%
NL	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Suppr.	27%	30%	21%	Suppr.	Suppr.
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

Suppressed (Suppr.) Counts five or less are not presented to address concerns around releasing small numbers.

Not available (n/a) Data were not available at the time of this publication.

Includes overdoses related to all illicit drugs including, but not limited to, opioids.

Table 6. Annual age group distribution of EMS responses to suspected opioid-related overdoses by sex and by region, 2017 to 2021 (Jan to Jun)

2017

Region	Sex	Age group					
		0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 or more
BC	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
AB	Female	33	234	195	115	76	66
	Male	57	593	632	302	178	89
SK	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
Winnipeg, MB	Female	17	108	84	36	24	30
	Male	18	152	114	77	45	31
Northern and Rural MB	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
NB	Female	Suppr.	13	17	10	11	17
	Male	Suppr.	15	23	13	13	12
NS	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
NL	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
Yellowknife, NT	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.



2018

Region	Sex	Age group					
		0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 or more
BC	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
AB	Female	87	444	306	176	118	123
	Male	74	879	920	482	273	169
SK	Female	Suppr.	24	12	8	Suppr.	Suppr.
	Male	Suppr.	46	46	21	Suppr.	Suppr.
Winnipeg, MB	Female	15	93	76	40	33	28
	Male	14	80	91	68	31	23
Northern and Rural MB	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	Female	15	132	144	89	74	57
	Male	26	330	410	259	157	96
NB	Female	Suppr.	15	8	9	7	13
	Male	Suppr.	7	10	14	10	13
NS	Female	Suppr.	6	Suppr.	9	Suppr.	7
	Male	Suppr.	11	Suppr.	15	Suppr.	17
NL	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
Yellowknife, NT	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.



2019

Region	Sex	Age group					
		0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 or more
BC	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
AB	Female	59	338	338	152	126	107
	Male	58	621	725	416	254	178
SK	Female	Suppr.	44	19	14	11	Suppr.
	Male	Suppr.	78	69	41	24	Suppr.
Winnipeg, MB	Female	20	100	103	33	31	21
	Male	23	130	143	96	44	30
Northern and Rural MB	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	Female	18	170	190	114	112	84
	Male	40	514	600	363	303	103
NB	Female	Suppr.	9	7	8	10	13
	Male	Suppr.	8	11	16	15	21
NS	Female	Suppr.	8	13	12	13	23
	Male	Suppr.	20	30	19	17	28
NL	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Female	Suppr.	Suppr.	8	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	8	Suppr.	Suppr.	Suppr.
Yellowknife, NT	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.



2020

Region	Sex	Age group					
		0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 or more
BC	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
AB	Female	58	390	470	295	145	108
	Male	93	842	1,090	660	439	220
SK	Female	Suppr.	63	70	32	30	15
	Male	Suppr.	111	151	99	53	10
Winnipeg, MB	Female	53	197	170	94	40	26
	Male	49	290	314	163	110	36
Northern and Rural MB	Female	Suppr.	7	8	Suppr.	Suppr.	Suppr.
	Male	Suppr.	11	10	Suppr.	Suppr.	Suppr.
ON	Female	32	219	292	167	124	94
	Male	47	625	892	524	432	179
NB	Female	Suppr.	9	13	15	Suppr.	12
	Male	Suppr.	13	11	15	Suppr.	13
NS	Female	Suppr.	10	17	17	9	22
	Male	Suppr.	26	17	21	15	20
NL	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Female	Suppr.	12	15	Suppr.	Suppr.	Suppr.
	Male	Suppr.	20	13	Suppr.	Suppr.	Suppr.
Yellowknife, NT	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.



2021 (Jan to Jun)

Region	Sex	Age group					
		0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 or more
BC	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
AB	Female	40	217	256	157	90	48
	Male	34	487	664	374	243	129
SK	Female	Suppr.	37	43	22	24	7
	Male	Suppr.	45	83	67	31	14
Winnipeg, MB	Female	10	89	116	56	28	15
	Male	15	157	179	91	69	17
Northern and Rural MB	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	Female	17	139	185	103	72	50
	Male	30	345	575	381	244	100
NB	Female	Suppr.	6	Suppr.	Suppr.	Suppr.	10
	Male	Suppr.	9	Suppr.	Suppr.	Suppr.	11
NS	Female	Suppr.	Suppr.	13	7	6	9
	Male	Suppr.	Suppr.	17	12	12	14
NL	Female	n/a	n/a	n/a	n/a	n/a	n/a
	Male	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
Yellowknife, NT	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

Suppressed (Suppr.) Counts five or less are not presented to address concerns around releasing small numbers.

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Includes overdoses related to all illicit drugs including, but not limited to, opioids.