




Suspected Opioid-Related Overdoses

Based on Emergency
Medical Services

Surveillance of Opioid- and
Stimulant-Related Harms in Canada



January 2017 to June 2022



**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 Federal, provincial, and territorial Special Advisory Committee (SAC) on the Epidemic of Opioid Overdoses

Également disponible en français sous le titre :

*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 2022*

To obtain additional information, please contact:

Public Health Agency of Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9
Tel.: 613-957-2991
Toll free: 1-866-225-0709
Fax: 613-941-5366
TTY: 1-800-465-7735
E-mail: publications-publications@hc-sc.gc.ca

© His Majesty the King in Right of Canada, as represented by the Minister of Health, 2022

Publication date: December 2022

This publication may be reproduced for personal or internal use only without permission provided the source is fully acknowledged.

Cat.: HP33-5E-PDF
ISSN: 2563-2523
Pub.: 220475



Table of Contents

Acknowledgments	2
Suggested Citation	3
Key Findings	4
Technical Notes	5
Case definitions	5
How suspected opioid-related overdoses are counted	5
Limitations of the EMS data on suspected opioid-related overdoses	5
Notes on provincial and territorial data	6
General notes	6
Sex and age group	7
Data suppression	8
Table A. Case definitions for suspected opioid-related overdose EMS responses for provinces and territories with available data as of November 1, 2022	9
Table B. Reporting periods and available variables included in EMS data on suspected opioid-related overdoses used for this update by province or territory	11
Table C. Specific reporting periods included in EMS data on suspected opioid-related overdoses used for this update, by region	11
Appendix	12
Table 1. Number of EMS responses to suspected opioid-related overdoses by region, 2017 to 2022 (January to June)	13
Table 2. Number of EMS responses to suspected opioid-related overdoses by region and by quarter, January 2017 to June 2022	14
Table 3. Annual sex distribution of EMS responses to suspected opioid-related overdoses by region, 2017 to 2022 (January to June)	16
Table 4. Quarterly sex distribution of EMS responses to suspected opioid-related overdoses by region, January 2017 to June 2022	17
Table 5. Annual age group distribution of EMS responses to suspected opioid-related overdoses by region, 2017 to 2022 (January to June)	20
Table 6. Annual age group distribution of EMS responses to suspected opioid-related overdoses by sex and by region, 2017 to 2022 (January to June)	23



Acknowledgments

This update would not be possible without the collaboration and dedication of provincial and territorial (PT) offices of Chief Coroners and Chief Medical Examiners as well as PT public health and health partners and Emergency Medical Services data providers. We would also like to acknowledge the Canadian Institute for Health Information (CIHI) for collecting and providing the data used for reporting opioid- and stimulant-related poisoning hospitalizations.



Suggested Citation

Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Ottawa: Public Health Agency of Canada; December 2022. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>



Key Findings

Context

Canada has seen significantly elevated numbers of opioid-related deaths and other harms since surveillance began in 2016. This public health crisis is having a tragic impact on people who use substances, their families, and communities across the country, and is shaped by a wide range of factors. There is evidence the COVID-19 pandemic has contributed to and exacerbated the crisis, with several jurisdictions reporting higher rates of fatal overdoses and other harms following the onset of the pandemic.

Presented here are the most recent available data on overdoses and deaths involving opioids and/or stimulants from January 2016 to June 2022 in Canada, 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 this public health crisis. [Additional Studies](#) can also help us plan and tailor actions to achieve better possible outcomes.

What: There were more than 18,200 Emergency Medical Services (EMS) responses to suspected opioid-related overdoses so far in 2022 (January – June)

- A total of 18,287 EMS responses to suspected opioid-related overdoses occurred so far in 2022 (January – June), based on available data from eight provinces and territories. For a similar timeframe in 2019, before the COVID-19 pandemic, there were 12,340 EMS responses for the same eight provinces and territories; this represents a 48% increase.

Who: Young- to middle-aged males continue to be the most affected

- Of the EMS responses for suspected opioid-related overdoses so far in 2022 (January – June), 73% were among males.
- The majority of EMS responses for suspected opioid-related overdoses so far in 2022 (January – June) were among those aged 20 to 49 years; however, variations are apparent between provinces and territories.



This update is based on data submitted to the Public Health Agency of Canada on or before November 1, 2022. 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.

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 1, 2022. 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. The case definition changed for Saskatchewan in May 2022 to also include situations where there was a suspected overdose, but someone other than a paramedic (e.g. police, fire, or friend) administered naloxone. This change only affects prospective data collected in the province from 2021 onwards.
8. Manitoba reports data for two distinct regions: 1) Winnipeg, and 2) Northern and rural Manitoba.
9. 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.



10. The reporting format of data from the Winnipeg Fire Paramedic Service changed in November 2021, from the number of incidents requiring administration of naloxone to number of persons requiring administration of naloxone. This change affects both retrospective and prospective data collected in the city, and results in an increase in the number of EMS responses for all reporting years.
11. 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.
12. 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.
13. 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.
14. Yukon EMS data were only available for the city of Whitehorse.
15. Northwest Territories EMS data were only available for the city of Yellowknife.

Sex and age group

16. 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.
17. 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.
18. Due to rounding, percentages may not add to 100%.
19. Overall sex- and age-specific trends reflected in this document are based on data from the regions reporting data for the most recent year. Individual findings may fluctuate within individual provinces and territories.
20. British Columbia data by age group were not reported.
21. Saskatchewan data by sex and age group were only reported from 2018 to 2022.



22. Winnipeg, Manitoba data do not include individuals nine years or younger.

23. Newfoundland and Labrador data by sex and age group were not reported.

24. Yukon data by sex and age group were only reported from 2019 to 2022.

Data suppression

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



Table A. Case definitions for suspected opioid-related overdose EMS responses for provinces and territories with available data as of November 1, 2022

Region	Data Source	Primary Case Definition
British Columbia	BC Emergency Health Services (BCEHS)	The current British Columbia Centre for Disease Control (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 with an assessment of “Overdose/poisoning with bystander medication administration” OR 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.
Newfoundland and Labrador	Provincial Medical Oversight Office	Emergency response to an opioid-related overdose where naloxone is administered by paramedics.



Region	Data Source	Primary Case Definition
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.

Table B. Reporting periods and available variables included in EMS data on suspected opioid-related overdoses 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 1, 2022)														
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 December	✓	✓	✓	✓	✓	n/a	✓	✓	n/a	n/a	✓	✓	n/a
2022	January to June	✓	✓	✓	✓	✓ (INC)	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 2022
Alberta	January 2017 to June 2022
Saskatchewan	April 2018 to June 2022
Winnipeg, Manitoba	January 2017 to June 2022
Northern and rural Manitoba	May 2017 to June 2022
Ontario	April 2018 to March 2022
New Brunswick	January 2017 to June 2022
Nova Scotia	June 2018 to June 2022
Newfoundland and Labrador	April 2017 to March 2018
Whitehorse, Yukon	January 2017 to June 2022
Yellowknife, Northwest Territories	January 2017 to June 2022



Appendix



Table 1. Number of EMS responses to suspected opioid-related overdoses by region, 2017 to 2022 (January to June)

Region	2017	2018	2019	2020	2021	2022 (Jan to Jun)
BC	12,961	13,365	13,486	17,011	24,152	11,615
AB	2,643	4,206	3,536	5,188	8,215	3,833
SK	n/a	196	321	640	1,015	593
Winnipeg, MB	1,520	1,095	1,403	2,684	2,732	933
Northern and Rural MB	32	21	21	53	63	6
ON	n/a	1,804	2,629	3,809	5,008	987
NB	152	110	127	125	175	122
NS	n/a	111	188	182	220	122
NL	46	Suppr.	n/a	n/a	n/a	n/a
Whitehorse, YT	59	78	48	104	133	76
Yellowknife, NT	Suppr.	Suppr.	Suppr.	6	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.

2022 data for Ontario are based on January to March.



Region	2020				2021				2022 (Jan to Jun)	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
BC	2,927	4,208	4,929	4,947	4,699	5,877	7,160	6,416	5,799	5,816
AB	620	1,485	1,676	1,407	1,291	1,848	2,663	2,413	2,059	1,774
SK	72	180	193	195	186	195	284	350	313	280
Winnipeg, MB	345	704	971	664	623	834	839	436	594	339
Northern and Rural MB	9	7	23	14	8	20	11	24	Suppr.	Suppr.
ON	614	1,079	1,080	1,036	1,039	1,229	1,434	1,306	987	n/a
NB	20	33	41	31	37	37	58	43	40	82
NS	42	38	62	40	57	57	54	52	55	67
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	26	22	23	33	20	38	35	40	40	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.

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 2022 (January to June)

Region	2017		2018		2019		2020		2021		2022 (Jan to Jun)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
BC	73%	27%	74%	26%	73%	27%	75%	25%	75%	25%	75%	25%
AB	72%	28%	69%	31%	67%	33%	70%	30%	71%	29%	68%	32%
SK	n/a	n/a	72%	28%	69%	31%	67%	33%	66%	34%	66%	34%
Winnipeg, MB	64%	36%	54%	46%	62%	38%	64%	36%	63%	37%	66%	34%
Northern and Rural MB	70%	30%	38%	62%	52%	48%	62%	38%	67%	33%	Suppr.	Suppr.
ON	n/a	n/a	71%	29%	74%	26%	74%	26%	74%	26%	73%	27%
NB	55%	45%	50%	50%	58%	42%	57%	43%	60%	40%	54%	46%
NS	n/a	n/a	69%	31%	63%	37%	57%	43%	63%	37%	58%	42%
NL	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	n/a	n/a	n/a	n/a	63%	38%	61%	39%	71%	29%	66%	34%
Yellowknife, NT	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.

2022 data for Ontario are based on January to March.



Table 4. Quarterly sex distribution of EMS responses to suspected opioid-related overdoses by region, January 2017 to June 2022

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	67%	33%	62%	38%	67%	33%	54%	46%
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%	84%	16%	61%	39%
Winnipeg, MB	48%	52%	54%	46%	62%	38%	49%	51%
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%	63%	37%	77%	23%
Winnipeg, MB	62%	38%	67%	33%	62%	38%	57%	43%
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	60%	40%	71%	29%	65%	35%	68%	32%
Winnipeg, MB	63%	38%	66%	34%	63%	37%	65%	35%
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

Region	Q1		Q2		Q3		Q4	
	Male	Female	Male	Female	Male	Female	Male	Female
BC	75%	25%	75%	25%	75%	25%	75%	25%
AB	70%	30%	72%	28%	71%	29%	71%	29%
SK	66%	34%	63%	37%	70%	30%	64%	36%
Winnipeg, MB	64%	36%	62%	38%	66%	34%	60%	40%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	45%	55%
ON	76%	24%	73%	27%	72%	28%	76%	24%
NB	62%	38%	68%	32%	65%	35%	47%	53%
NS	63%	37%	61%	39%	65%	35%	65%	35%
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	61%	39%	66%	34%	76%	24%	76%	24%
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

2022 (Jan to Jun)

Region	Q1		Q2	
	Male	Female	Male	Female
BC	74%	26%	75%	25%
AB	68%	32%	69%	31%
SK	62%	38%	71%	29%
Winnipeg, MB	68%	32%	64%	36%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.
ON	73%	27%	n/a	n/a
NB	55%	45%	54%	46%
NS	73%	27%	46%	54%
NL	n/a	n/a	n/a	n/a
Whitehorse, YT	70%	30%	61%	39%
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 2022 (January to June)

2017

Region	Age group					
	0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 or more
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%	28%	15%	10%	7%
Northern and Rural MB	Suppr.	41%	28%	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 or more
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	4%	33%	30%	16%	10%	7%
SK	7%	33%	28%	16%	10%	6%
Winnipeg, MB	7%	29%	29%	17%	10%	7%
Northern and Rural MB	Suppr.	40%	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 or more
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	3%	28%	32%	17%	11%	8%
SK	4%	37%	26%	17%	10%	6%
Winnipeg, MB	5%	33%	31%	15%	9%	7%
Northern and Rural MB	Suppr.	Suppr.	37%	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 or more
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	3%	26%	32%	20%	12%	7%
SK	2%	29%	34%	19%	12%	4%
Winnipeg, MB	4%	31%	36%	16%	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

Region	Age group					
	0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 or more
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	3%	26%	35%	19%	11%	5%
SK	3%	28%	32%	21%	12%	3%
Winnipeg, MB	4%	30%	36%	17%	10%	4%
Northern and Rural MB	Suppr.	37%	42%	12%	Suppr.	Suppr.
ON	2%	20%	35%	21%	14%	7%
NB	Suppr.	20%	Suppr.	18%	17%	26%
NS	Suppr.	21%	24%	17%	Suppr.	20%
NL	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	5%	28%	35%	17%	10%	6%
Yellowknife, NT	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.

2022 (Jan to Jun)

Region	Age group					
	0 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 or more
BC	n/a	n/a	n/a	n/a	n/a	n/a
AB	3%	24%	33%	22%	11%	6%
SK	4%	25%	35%	22%	10%	4%
Winnipeg, MB	4%	31%	35%	17%	9%	4%
Northern and Rural MB	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	2%	18%	33%	23%	14%	10%
NB	Suppr.	18%	25%	20%	Suppr.	22%
NS	10%	16%	21%	16%	11%	25%
NL	n/a	n/a	n/a	n/a	n/a	n/a
Whitehorse, YT	Suppr.	26%	38%	22%	8%	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.

2022 data for Ontario are based on January to March.

Table 6. Annual age group distribution of EMS responses to suspected opioid-related overdoses by sex and by region, 2017 to 2022 (January to June)

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	33	199	155	68	50	48
	Male	44	334	272	162	95	59
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	7	17	11	8	Suppr.	Suppr.
	Male	6	48	43	24	Suppr.	Suppr.
Winnipeg, MB	Female	33	168	129	76	55	47
	Male	43	155	186	114	56	32
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.	43	18	14	9	Suppr.
	Male	Suppr.	76	66	41	23	Suppr.
Winnipeg, MB	Female	35	191	169	50	47	39
	Male	41	271	260	163	81	53
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.	70	64	31	27	15
	Male	Suppr.	114	153	93	50	8
Winnipeg, MB	Female	39	329	343	140	73	38
	Male	50	501	623	281	195	63
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

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	107	571	685	348	191	119
	Male	89	1,180	1,700	970	609	260
SK	Female	11	125	107	53	39	12
	Male	17	159	222	162	85	23
Winnipeg, MB	Female	49	325	345	165	71	41
	Male	60	482	638	288	191	69
Northern and Rural MB	Female	Suppr.	9	7	Suppr.	Suppr.	Suppr.
	Male	Suppr.	12	17	Suppr.	Suppr.	Suppr.
ON	Female	36	289	452	228	164	100
	Male	56	723	1,282	830	534	255
NB	Female	Suppr.	12	7	13	10	23
	Male	Suppr.	22	20	18	19	22
NS	Female	Suppr.	14	17	13	12	19
	Male	Suppr.	29	34	22	24	24
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.	6	22	Suppr.	Suppr.	Suppr.
	Male	Suppr.	26	20	Suppr.	Suppr.	Suppr.
Yellowknife, NT	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.




2022 (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	57	267	323	199	88	62
	Male	49	499	706	479	267	145
SK	Female	16	58	75	29	16	Suppr.
	Male	9	91	131	101	46	Suppr.
Winnipeg, MB	Female	12	111	110	51	17	12
	Male	20	181	220	106	66	25
Northern and Rural MB	Female	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
	Male	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.	Suppr.
ON	Female	7	58	79	60	30	30
	Male	16	116	250	168	103	64
NB	Female	Suppr.	Suppr.	14	9	9	15
	Male	Suppr.	Suppr.	15	15	6	11
NS	Female	Suppr.	Suppr.	11	Suppr.	Suppr.	15
	Male	Suppr.	Suppr.	15	Suppr.	Suppr.	16
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.	6	12	Suppr.	Suppr.	Suppr.
	Male	Suppr.	12	14	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.

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.

2022 data for Ontario are based on January to March.