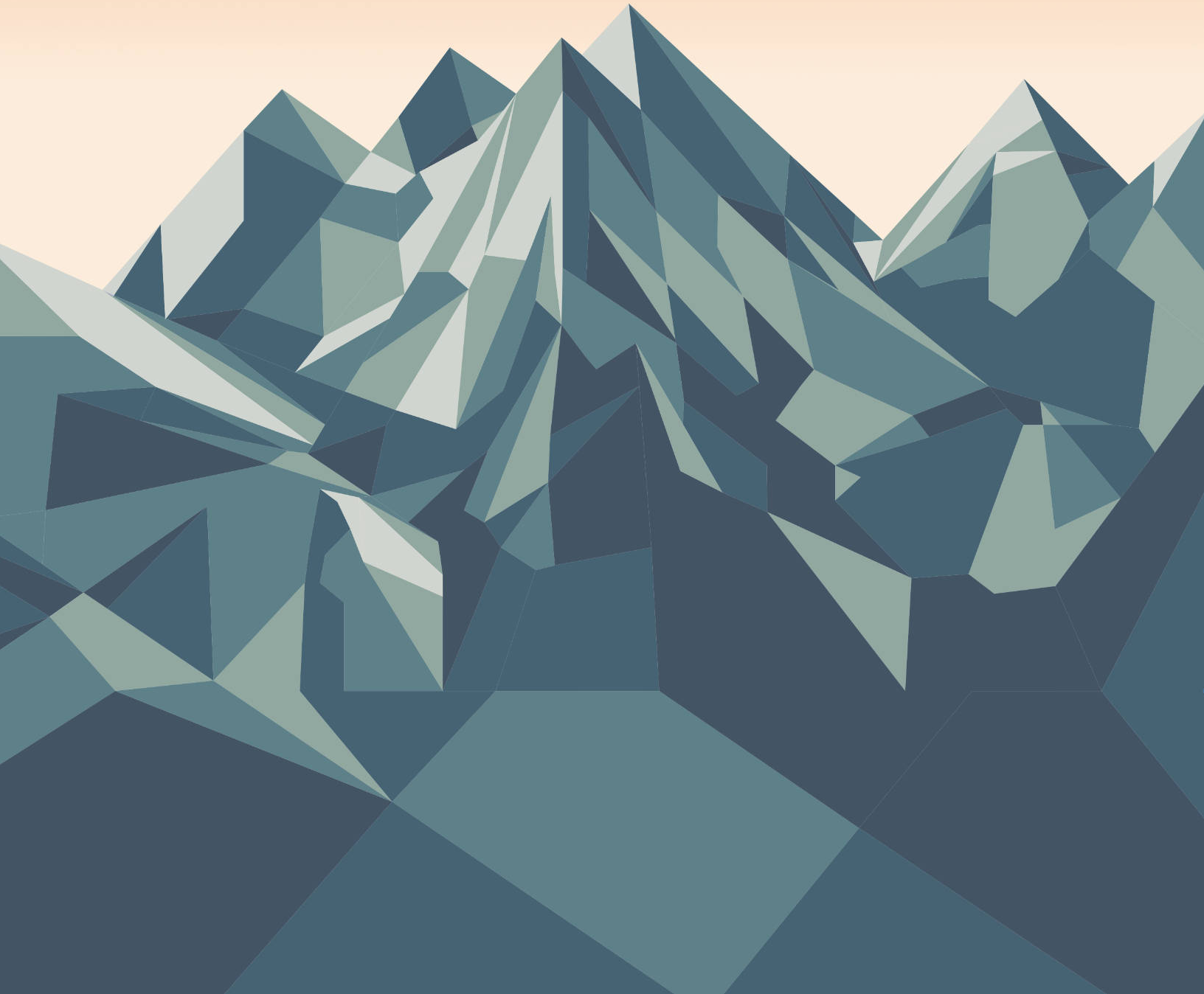
Yukon Health Status Report 2021



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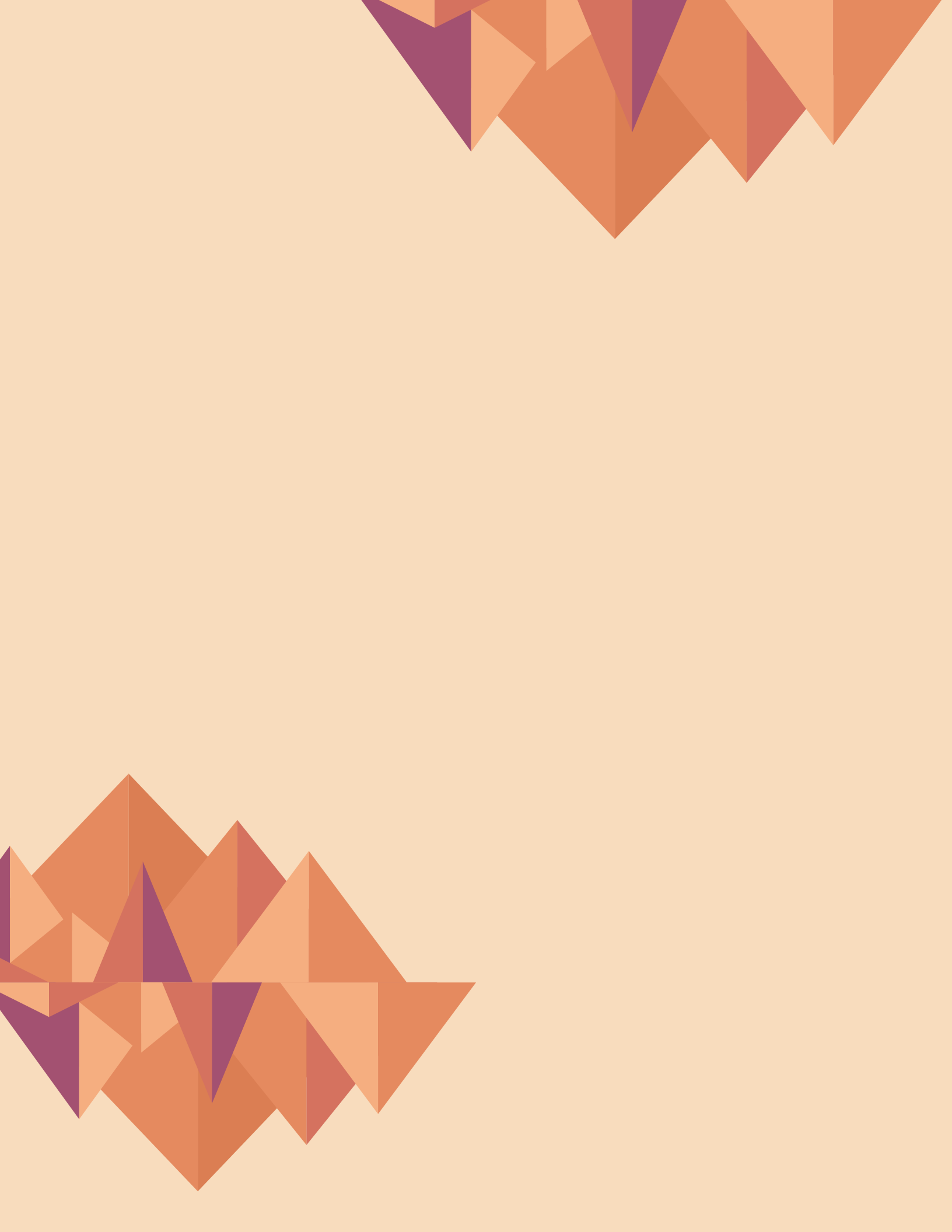

Foreword

The Yukon Health Status Report provides an important measure of the health and well-being of Yukoners. Using data from sources such as Statistics Canada, Yukon Bureau of Statistics, Canadian Institute for Health Information and Yukon Department of Health and Social Services, current health issues and trends prevalent in the Yukon are reported.

This report also provides an opportunity for health system partners, leaders and decision makers to gain a greater understanding of the broader health of Yukoners by providing evidence with which they may establish policies that help advance Yukoners' health. It allows us to check-in, see where the challenges are, and consider what we can do to improve the health and well-being of our territory over time.

Much has changed across Canada and the Yukon in the last few years. A global pandemic changed life as we knew it and impacted people's mental and physical health like no event in the last century. Through these challenges, we learned how interconnected we are locally, nationally and globally. We also witnessed the deep connections between health and other aspects of society—from business to non-governmental organizations, and from the most rural and remote areas to the most urban.

As a new Yukoner, I'm grateful for the insight the Health Status Report provides. Given that much of the data included in this report is drawn from a period before I became the Yukon's Chief Medical Officer of Health, I would like to acknowledge the work of my predecessors, Drs. Catherine Elliott and Brendan Hanley, and extend my thanks and appreciation to them for their dedication as Medical Officers of Health for the territory. I also thank everyone at the Department of Health and Social Services' Population Public Health Evidence and Evaluation team for helping to compile and analyze this data.

The Health Status Report is a starting point for understanding the vulnerabilities and strengths of the Yukon's population and how these have affected our health in recent years and during the course of the pandemic. This data is a first step in understanding how Yukoners are doing now and informing what we can do to be healthier in the future.

I have reviewed this report and support the work contained here, and I look forward to regularly reporting on the health of the Yukon in the future.

Sudit Ranade, MD MPH MBA CCFP FRCPC
Chief Medical Officer of Health, Yukon

Introduction

This comprehensive report includes health measures of the impact of the pandemic in addition to routine reporting on health. There are also some substantial gaps in the data, including measures of health at this point in the pandemic, measures of First Nations health and of marginalized groups, and causes of death.

The beginning of this report focuses on the physical health and well-being of Yukoners and includes chronic disease and injury data. This part of the report provides an update on health outcomes from the last Health Status Report. Over time, as evidence emerges, we will be able to examine more of the full impact that COVID-19 has had on health and outcomes. Delayed or postponed medical appointments, screening and surgeries could influence the overall physical health of the population in the future. We are looking into ways to continue to track the unintended impacts of the COVID-19 pandemic and associated public health measures.

The second half of the report is focused on mental health and substance use. The pandemic and associated public health measures negatively impact mental health. We also know the pandemic has influenced Yukoners' substance use habits and this concerning trend merits greater attention both in the Yukon and in Canada as a whole.

By tracking and assessing the broader impacts of the pandemic, we will be better prepared to focus resources when and where they are needed most. In the future, we aim to partner with other areas to report on the social determinants of health as well as on health outcomes. This is critical to support an evidence-based approach to building health equity, promoting health and wellness and preventing disease across the Yukon population.

This comprehensive report is intended to be a snapshot in time. It provides rich data and information about Yukoners' health and well being. It is also a starting place for understanding and coming together. I hope it will inspire many conversations about how Yukoners have stayed healthy and how we can support health improvements. I hope it will also spark discussions on how we can work together across the territory for a healthy and resilient population for the future.

Acknowledgements

This report is the work of a collaborative initiative by Yukon Health and Social Services and the Office of the Chief Medical Officer of Health.

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A report of this magnitude is never the effort of a single individual. I would like to acknowledge and thank several people for their help and contributions.

- Laura Hillier, Director of Population and Public Health Evidence and Evaluation
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- Heather Grant, Supervisor of Data Performance and Analytics
- Leonardo Lin, Health Information Analyst
- Heather Jones, Chief Coroner
- Shelia Thompson, Director of Community Nursing

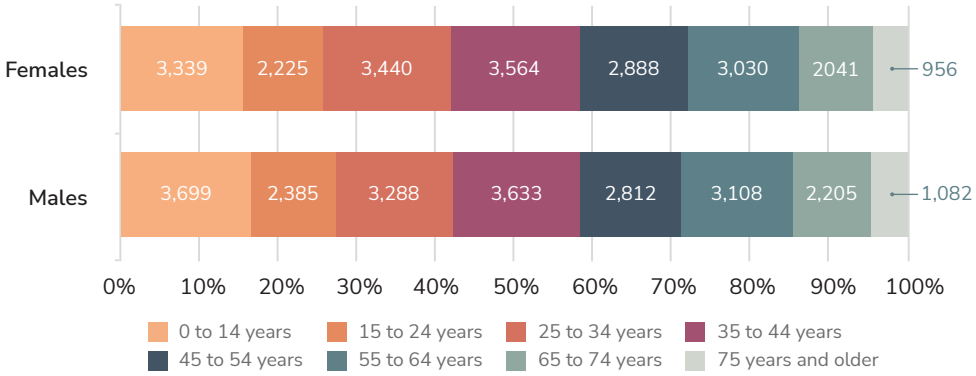
We respectfully acknowledge that the land on which we developed this report is in the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council. This report covers information from all of Yukon which includes 14 distinct First Nations and we acknowledge their diverse histories and cultures.

Who are we and how are we doing?

Demographic overview

The estimated population of Yukon as of March 31, 2022 was 43,744.[1] That is a 1.7 per cent increase from the previous year and a 21.9 per cent increase from 10 years prior.[1] Similar to what was seen in the 2018 Health Status Report, males make up 51 per cent of Yukon's population, and females 49 per cent. In Figure 1 there is a breakdown of Yukon's population by age group and sex.

Figure 1: Population by age group and sex, Yukon, March 31, 2022[1]

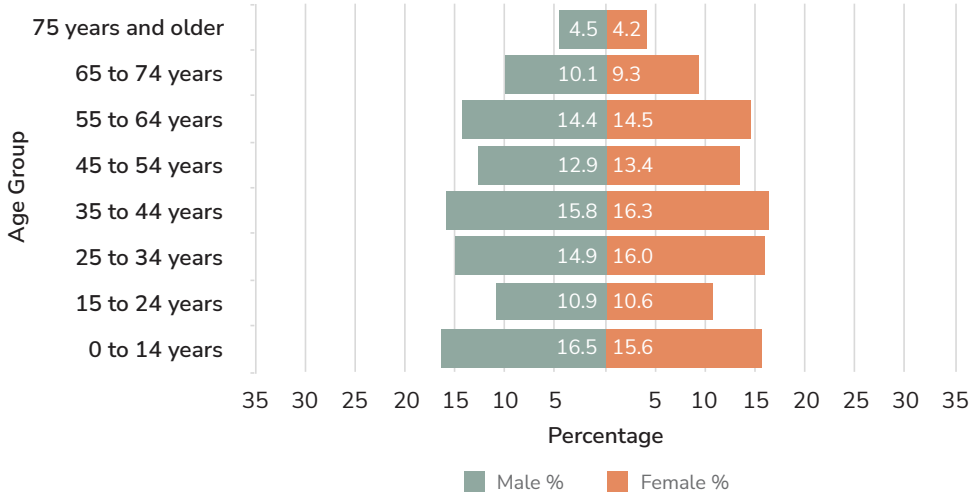


Comparison to Canada, Northwest Territories and Nunavut

When we compare Yukon's population to the Canadian population and to the other territories (Northwest Territories (NWT) and Nunavut) we find that our population is actually more similar to the Canadian demographic spread than either NWT or Nunavut (see Figures 2, 3, 4 and 5 below)[i]. Both NWT and Nunavut have a larger portion of the population under the age of 25; and Nunavut in particular has a large proportion of the population under 15 years old.

i Comparison between Yukon's population pyramid to Canada, NWT and Nunavut uses population data from mid-year 2021.

Figure 2: Yukon's population pyramid, June 30th 2021[2]



As of March 31, 2022, approximately 79 per cent of Yukoners lived in the

Figure 3: Canada's population pyramid, July 1, 2021[3]

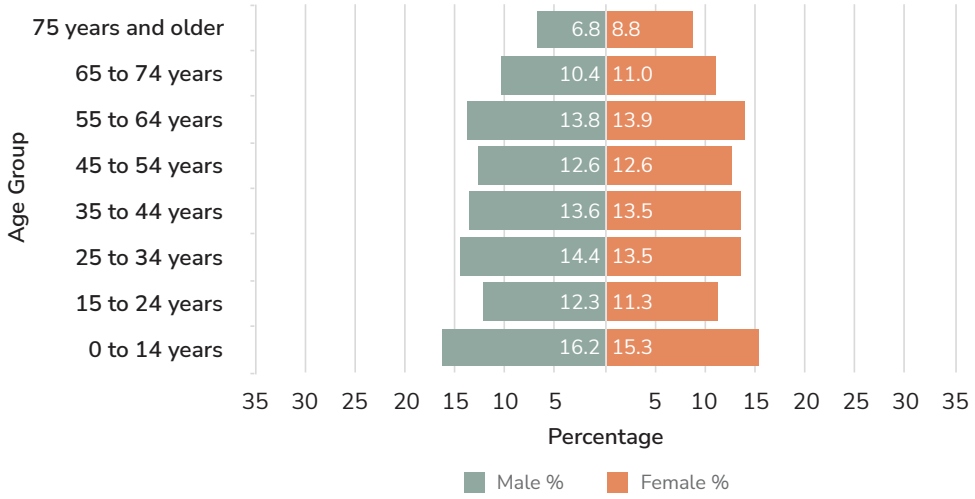


Figure 4: Northwest Territories' population pyramid, July 1, 2021[4]

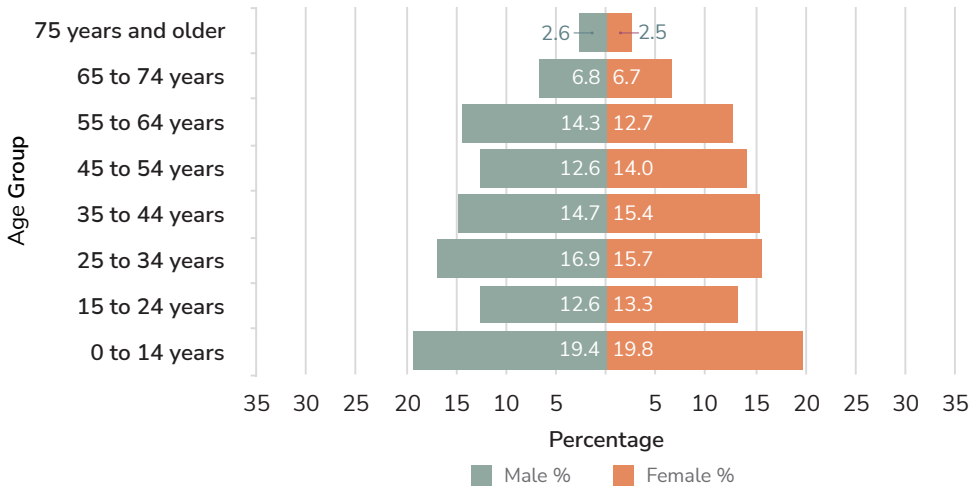
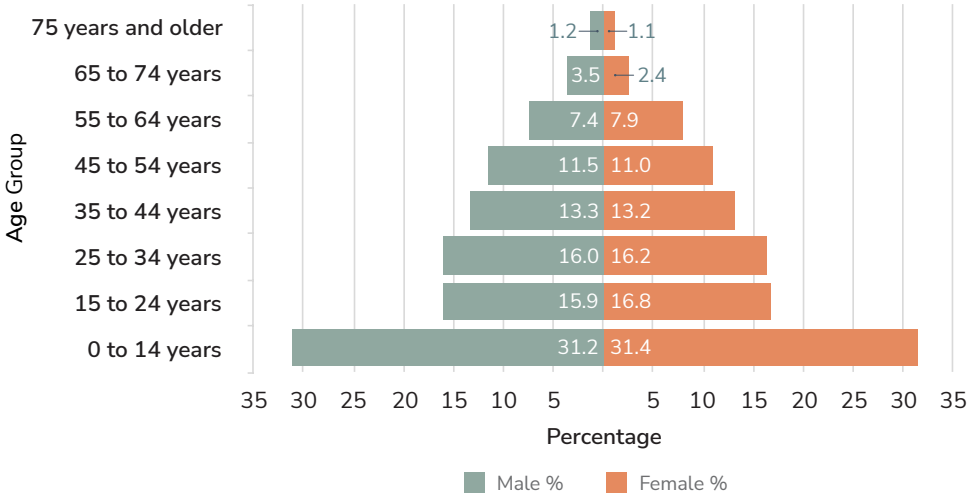


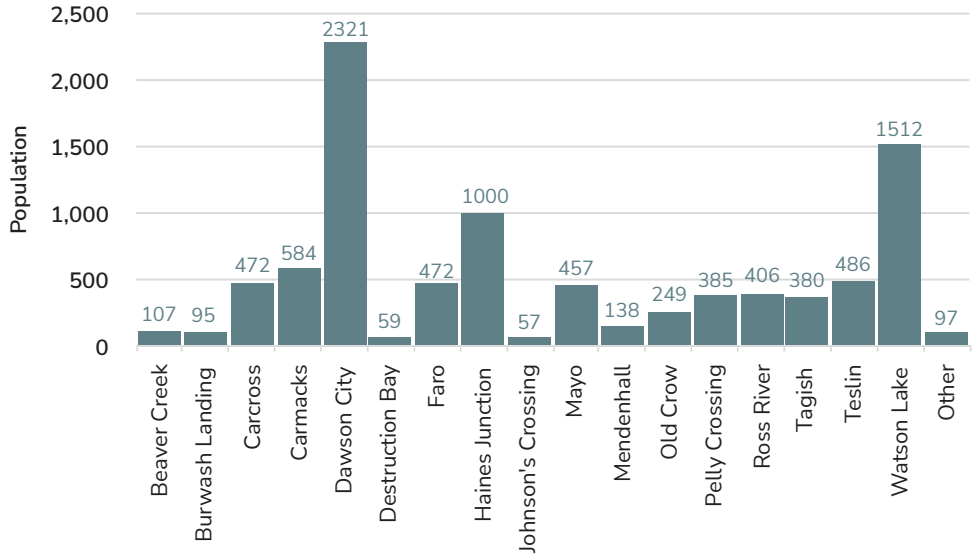
Figure 5: Nunavut's population pyramid, July 1, 2021[3]



Whitehorse area (34,467).[1] The next most populous communities were Dawson City and Watson Lake with 5.3 per cent (2321 residents) and 3.5 per cent (1512 residents) of Yukon's population respectively.[1]

The smallest communities in Yukon – including Beaver Creek, Burwash Landing and Destruction Bay – have just 0.6 per cent of Yukon's population combined.[1] In Figure 6 there is a breakdown of Yukon's population by community (excluding Whitehorse).

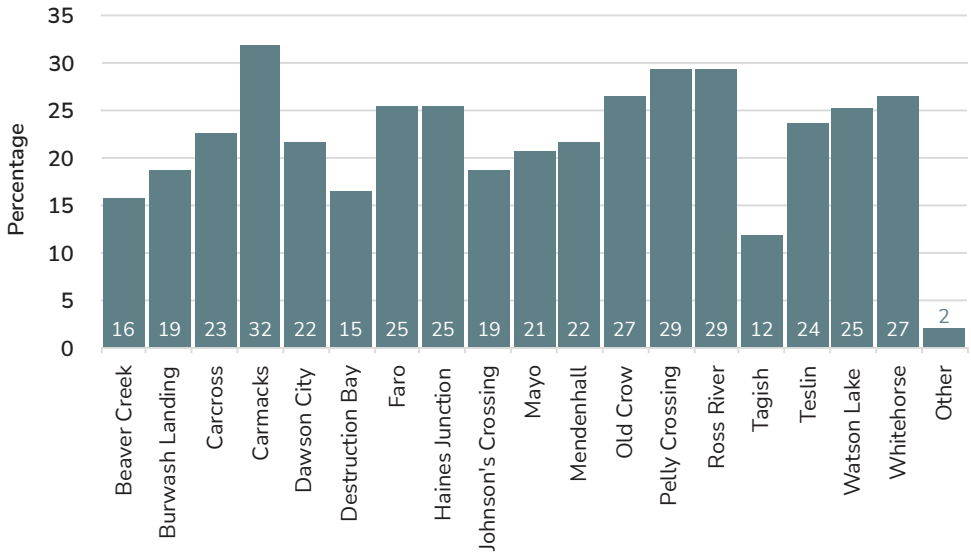
Figure 6: Population by community (excluding Whitehorse), March 31, 2022[1]



Youth demographics

Youth in Yukon (under the age of 25) make up approximately 27 per cent of the total population.[1] Carmacks has the highest proportion of youth in their community with 32 per cent of the population being under the age of 25.[1] Pelly Crossing and Ross River also have higher proportions of youth in their communities than the Yukon average (see Figure 7).[1]

Figure 7: Percentage of the population under the age of 25 by Yukon community, March 31, 2022[1]



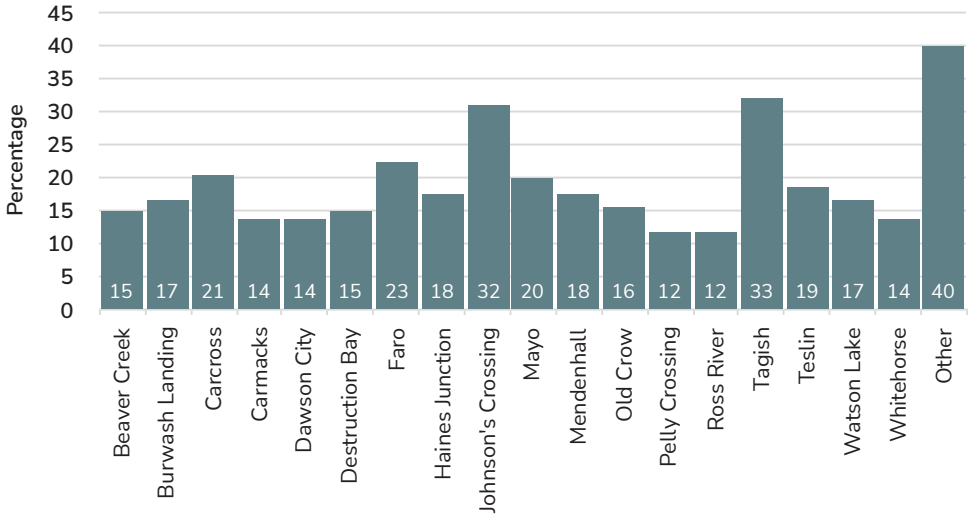
Children and youth under the age of 15 make up approximately 16 per cent of the population of Yukon.[1] About one-fifth of the population of Carmacks is under the age of 15.[1] Children under the age of 10 make up 11 per cent of the population in the territory.[1] Carmacks and Old Crow have the highest proportion of children under the age of 10, who make up 13 and 12 per cent of residents respectively.[1]

Seniors demographics

The most recent Health Status Report, completed in 2018, focused on the health of the growing senior population in the territory. Seniors have remained the fastest growing group in the last decade.[1] The 60 to 74 age group increased by 64.9 per cent over the past 10 years, and the 75 years and older age group increased by 91.4 per cent.[1]

Seniors in Yukon (65 years and older) make up approximately 14 per cent of the total population.[1] When excluding unincorporated communities, Tagish has the highest proportion of seniors living in their community, with 33 per cent of the population being 65 years old or older.[1] Beaver Creek, Burwash Landing, Destruction Bay, Carcross, Faro, Haines Junction, Mayo, Old Crow, Teslin and Watson Lake also have higher proportions of seniors in the community than the Yukon average (see Figure 8).[1]

Figure 8: Percentage of the population 65 years old or older by Yukon community, March 31, 2022[1]



Indigenous demographics

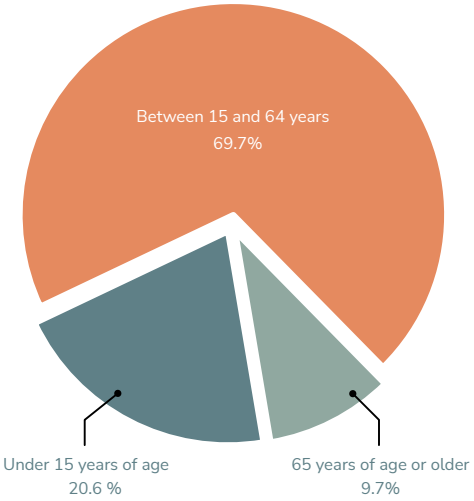
As of June 30, 2021 there were 9546 Indigenous[ii] people living in Yukon[iii].[2] This accounts for 22.1 per cent of Yukon's total population.[1] The total Indigenous population has grown 0.3 per cent (or by 32 people) since June 30, 2020. Approximately half (50.1 per cent) of the Indigenous population living in Yukon are female while 49.9 percent are male.[2]

ii The Indigenous population includes those who provided band numbers and/or self-identified as First Nations, Métis or Inuit in Yukon government administrative records.

iii An Indigenous people demographic breakdown is done mid-year and was last completed June 30, 2021. Other demographic characteristics, such as age and sex are reported every quarter. That is why some other information in this demographic section reports information up to March 31, 2022 but this section contains information only until June 30, 2021.

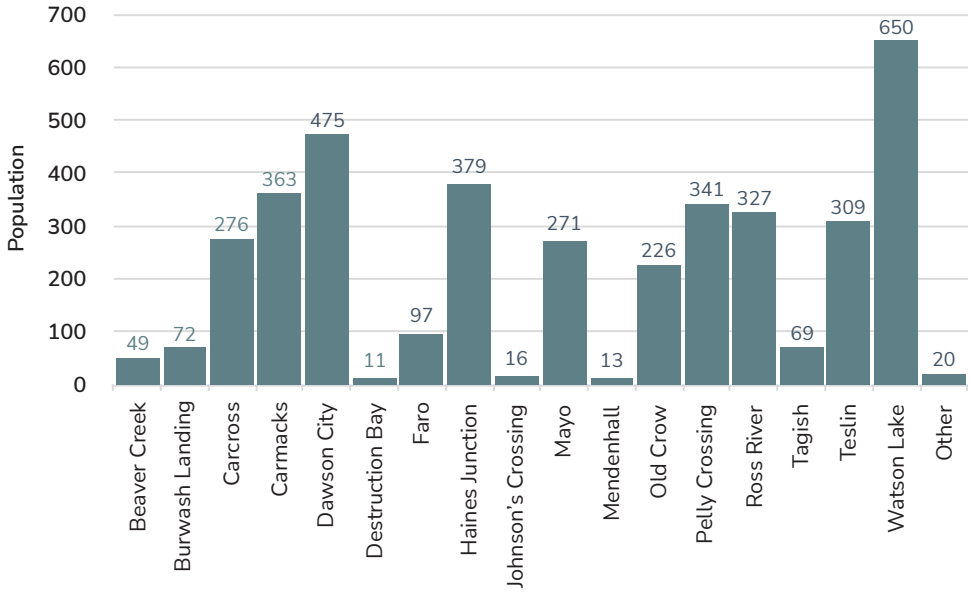
One fifth (20 per cent) of the Indigenous population living in Yukon is under 15 years of age and 10 per cent is 65 years of age and older.[2] The majority of the Indigenous population living in Yukon is between the ages of 15 and 64 years (Figure 9).[2]

Figure 9: Indigenous population broken down by age grouping, June 30, 2021[2]



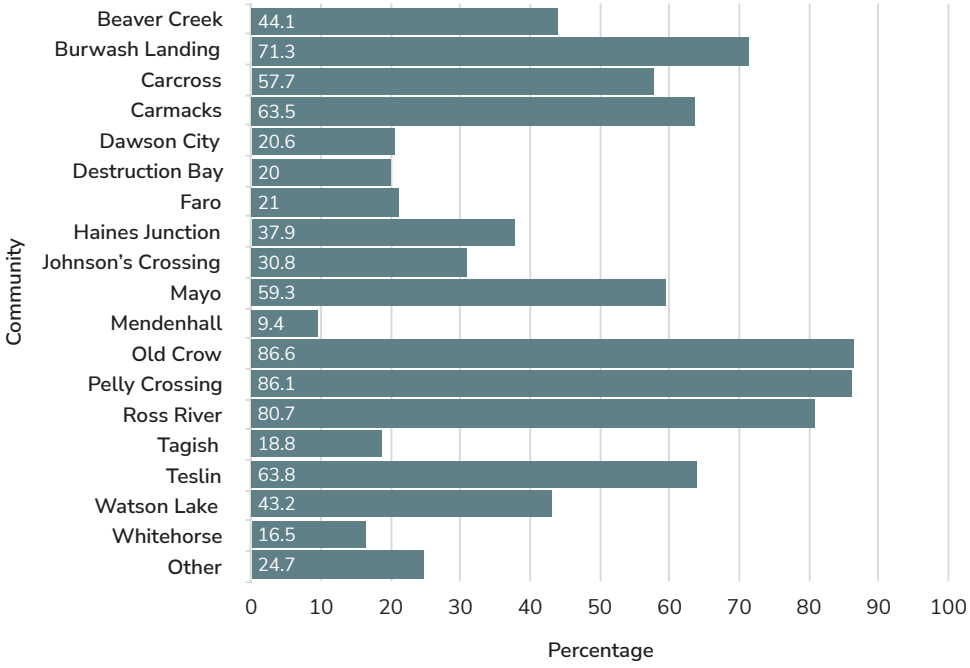
Of the 9546 the Indigenous people living in Yukon, 5582 (or 58.5 per cent) live in Whitehorse, while 3964 (or 41.5 per cent) live in rural Yukon communities.[2] Watson Lake has the largest Indigenous population of a rural community in Yukon, with 650 Indigenous residents (Figure 10).[2]

Figure 10: Indigenous population count by Yukon community (excluding Whitehorse), June 30, 2021[2]



The Indigenous population living in Whitehorse makes up 16.5 per cent of the total population.[2] In other communities, such as Old Crow, Pelly Crossing or Ross River, Indigenous residents make up more that 80 per cent of the population (Figure 11).[2]

Figure 11: Indigenous population as a percentage of the population by Yukon community, June 30, 2021[2]

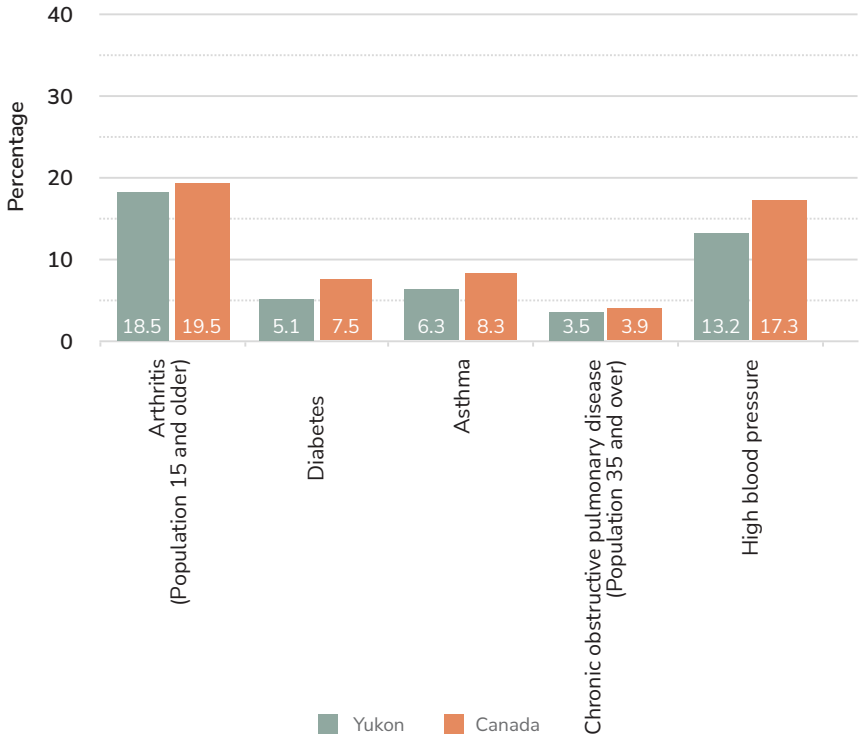


Chronic conditions

Figure 12 shows the percentage of Yukoners living with common chronic conditions as self-reported in the Canadian Community Health Survey (2019– 2020).[5] Of the chronic conditions reported from this survey, arthritis was the most common, affecting almost one-fifth of Yukoners over the age of 15.[5] Other common chronic conditions affecting Yukoners include diabetes (affecting 5.1 per cent of Yukoners), asthma (affecting 6.3 per cent of Yukoners), Chronic Obstructive Pulmonary Disease (COPD) (affecting 3.5 per cent of Yukoners over the age of 35) and high blood pressure affecting 13.2 per cent of Yukoners.[5]

When comparing Yukon's prevalence of chronic disease to the Canadian average, the prevalence for arthritis, diabetes asthma and COPD is fairly similar. However, fewer Yukoners report having high blood pressure than the Canadian average.[5]

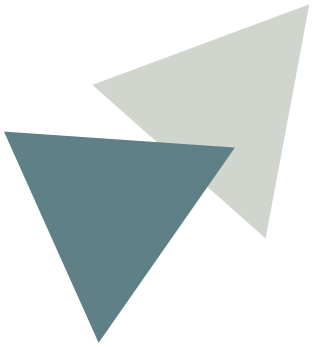
Figure 12: Percent of the population 12 and older reporting selected chronic conditions, Yukon, 2019–2020[5]



Note: Yukon results for diabetes, asthma and chronic obstructive pulmonary disease are to be used with caution for this time period.

Cancer

- In 2021, Yukon was projected to have reported 170 new cancer cases. This is equivalent to an age standardized incidence rate of 415.1 per 100,000 people, the second lowest age standardized incidence rate in Canada for a province or territory.[6]
- In 2021, Yukon was projected to have 70 cancer deaths. This is equivalent to an age standardized mortality rate of 205 per 100,000 people. The age standardized mortality rate for a province or territory in Canada was only higher for Nunavut, Newfoundland and Labrador, and Nova Scotia.[6]

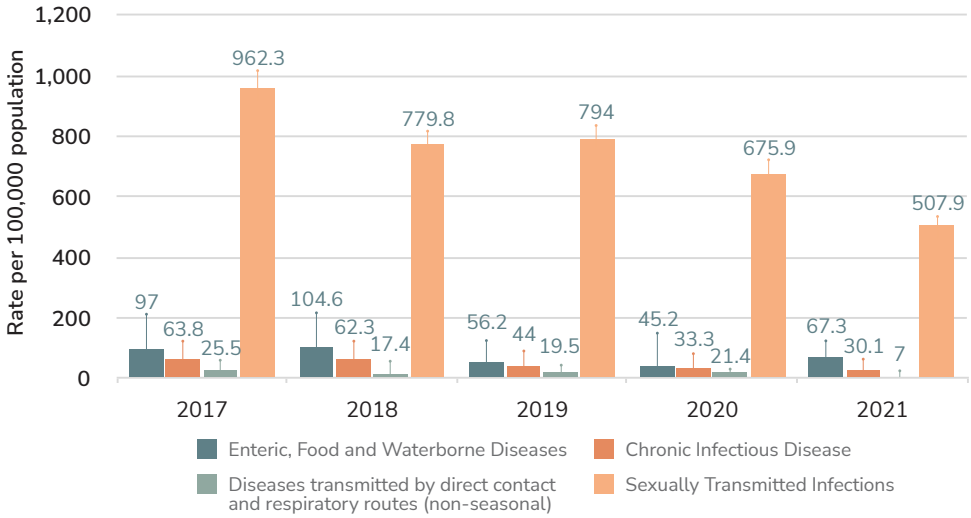


Communicable disease

While COVID-19 has been the most prominent communicable disease in Yukon throughout the past two years, Yukoners are also affected by enteric, food and waterborne diseases, chronic infectious diseases, respiratory diseases, sexually transmitted infections (STI), and diseases prevented by immunization. This section contains information about all types of communicable diseases, not just COVID-19.

Figure 13 below shows the incidence rate per 100,000 population of enteric, food and waterborne diseases, chronic infectious diseases, non-seasonal respiratory diseases and STI. In this figure we see that STIs are by far the most common communicable disease in Yukon.[7] Additionally, in the past five years we have seen declining rates of these communicable diseases.[7]

Figure 13: Incidence rate of select communicable diseases, 2017–2021[7]



Enteric, Food, and Waterborne Diseases

Enteric diseases are most frequently contracted from contaminated food or water, from animals or their environments or from contact with an infected person. They are caused by micro-organisms that can lead to intestinal illness. Good hand hygiene and proper food preparation practices can reduce the likelihood of contracting these diseases.

Table I below shows the incidence rates of select enteric, food, and waterborne diseases over a 5-year average. Giardiasis is the most common infection with an average of approximately 12 cases per year between 2017 to 2021.[7] Giardiasis is commonly associated with drinking untreated water.[7] The next most common infection was for Campylobacteria with an average of approximately 6 cases per year over the past five years.[7]

Table I: Five-year average incidence rate per 100,000 population, for select enteric, food, and waterborne diseases, 2017–2021[7]

Enteric, Food, and Waterborne Disease	Five-year average incidence rate per 100,000 population
Giardiasis	28.94
Campylobacteriosis	15.05
Salmonellosis (includes paratyphoid)	11.81
Yersiniosis	8.35
Verotoxigenic E.Coli Infection	5.90
Cryptosporidiosis	2.02
Shigellosis	2.00
Hepatitis A	0

Chronic Infectious Diseases

Chronic infectious diseases include Hepatitis B virus, Hepatitis C virus and Human Immune Deficiency Virus (HIV). Hepatitis B and HIV are spread through the exchange of bodily fluids (including blood, semen and vaginal secretions). Hepatitis C is spread through blood-to-blood contact. Table II shows the five-year average incidence rates for chronic infectious diseases.

In comparison to the 2018 Health Status Report, the incidence for HIV and Hepatitis C have decreased (Hepatitis B was not reported in the 2018 report)[v].[7] Between 2013–2017 the five year average incidence rates were 4.79 and 44.26 per 100,000 population for each disease respectively[vi].[7,8]

Table II: Five-year average incidence rate per 100,000 population, for chronic infectious diseases, 2017–2021[7]

Chronic Infectious Disease	Five-year average incidence rate per 100,000 population
Hepatitis B virus (HBV)	10.72
Hepatitis C virus (HCV) – chronic/resolved	34.00
Human Immunodeficiency virus (HIV)	1.99

Reportable Disease Transmitted by Direct Contact and Respiratory Routes

Respiratory diseases in this section include seasonal respiratory illness (influenza and Respiratory Syncytial Virus (RSV)) and non-seasonal respiratory illness (Group A streptococcal disease and tuberculosis). COVID-19 is reported in a section below.

Seasonal Respiratory Illness

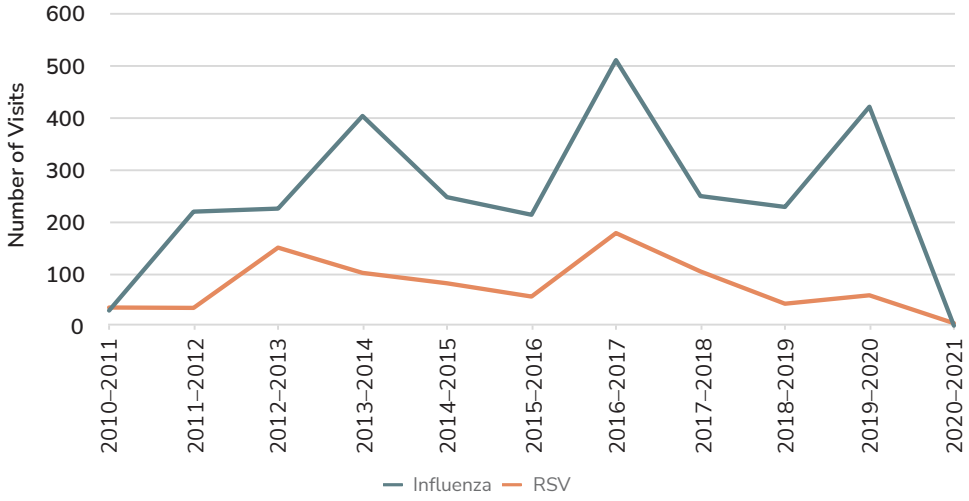
Between the influenza seasons of 2016–2017 and 2020–2021 there was an average of approximately 112 cases of influenza and 30 cases of RSV reported each year[vii].[7] In 2020–2021 there were exceptionally low case counts for both influenza and RSV with zero cases of influenza being reported and less than 5 cases of RSV reported.[7] This is likely due to the impact that COVID-19 public health measures had on the transmission of respiratory illnesses. In Figure 14 the incidence rate per 100,000 population for influenza and RSV is shown for the past 11 years.[7]

v Due to small case counts, rates can fluctuate substantially year to year.

vi These rates are slightly different than reported in the 2018 report due to data reconciliation that has occurred since the writing of that report.

vii Seasonal respiratory illness are reported by influenza calendar year which begins late August each year.

Figure 14: Incidence rate for influenza and RSV between 2010–2011 and 2020–2021, Yukon[7]



Non-Seasonal Respiratory Illness

In comparison to seasonal respiratory illnesses, non-seasonal respiratory illnesses are much less common.

Group A Streptococcus bacteria can cause two forms of illness: invasive or non-invasive. Non-invasive infections are much more common and much less severe. Non-invasive infections include strep throat, scarlet fever, impetigo and ear infections. Only the invasive forms, such as necrotizing fasciitis and Streptococcal shock syndrome, are reportable to public health and captured in the numbers in this report.

Tuberculosis diagnoses have remained low in the Yukon in the past 5 years, with an average of approximately 3 cases per year in the past 5 years.[7] The five-year average incidence rate is lower than it was in 2013–2017, (9.50 cases per 100,000 population), which was reported in the 2018 edition of the Health Status Report (Table III)[ix].[7,8]

Table III: Five year average incidence rate per 100,000 population, for non – seasonal respiratory illness, 2017–2021[7]

Non-seasonal respiratory illness	Five-year average incidence rate per 100,000 population
Streptococcal disease, invasive group A	11.17
Tuberculosis	7.01

[ix] This rate is slightly different than reported in the 2018 report due to data reconciliation that has occurred since the writing of that report.

Sexually Transmitted Infections

Sexually Transmitted Infections (STI) include chlamydia, gonorrhea and syphilis. HIV and Hepatitis B can also be transmitted by sex, but are included in a previous section on Chronic Infectious Diseases.

Chlamydia is the most common STI that is reported in Yukon.[7] In 2021, there was 210 cases of chlamydia recorded.[7] This is the lowest number of cases seen in the past 5 years, though the case count has fluctuated as high as 300 (seen in 2017).[7]

Gonorrhea and Syphilis are much less common than Chlamydia but are still reported annually in the Yukon. Table IV below shows the five-year average incidence rate for STI in Yukon.[7]

While the average five-year incidence rate (2017–2021) for syphilis is 6.65 per 100,000, it is important to note that at the time of writing for this report, Yukon was experiencing a significant syphilis outbreak.[7] Over the past year, the syphilis incidence rate increased to a rate of 16.23 per 100,000 in 2021, and midway through 2022, the annual rate for syphilis had already reached 62 per 100,000 (an almost 4-fold increase from the 2021 rate). The 2022 rate is expected to continue to rise over the remainder of the year.[7] This is a concerning trend, especially since people who are infectious may not notice any symptoms. Syphilis, if left untreated, can be very serious. However, once it is tested for, and diagnosed, it can be easily treated.

Table IV: Five-year average incidence rate per 100,000 population, for sexually transmitted infections, 2017–2021[7]

Sexually Transmitted Infections	Five-year average incidence rate per 100,000 population
Chlamydia	668.21
Gonorrhea	69.12
Syphilis	6.65

Diseases Preventable by Immunization

There are many diseases that are preventable by immunization including measles, meningococcal disease, mumps, rubella, pertussis, pneumococcal disease. These diseases are preventable by immunization. Outbreaks are associated with vaccine status not being up to date.

In the previous Health Status Report, there was an outbreak of pertussis, with 89 cases reported in 2017.[8] Since then there have been very few cases, of diseases that are preventable by immunization.[7]

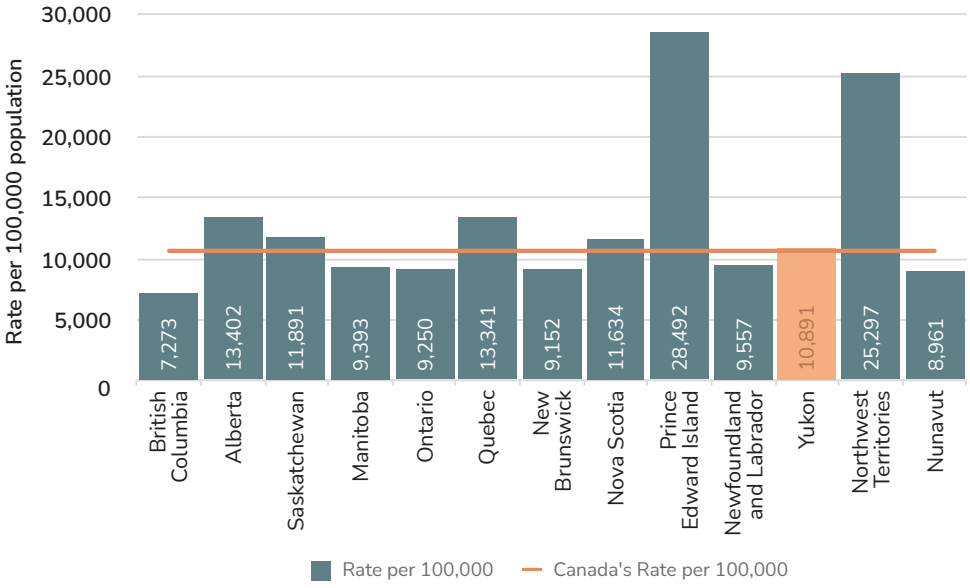
Due to mass immunization clinics that focused on COVID-19 and influenza vaccinations it is possible that there is a lag in childhood vaccinations being up to date.[9,10,11,12] This is something that is being closely monitored and addressed as we recover and return to normal from the pandemic.

COVID-19

The section examines only the direct and short-term effects of COVID-19. We know that some Yukoners are experiencing long term impacts of COVID-19 infection, known as post COVID condition. We will continue to watch for these impacts into the future. COVID-19 represents the "biggest public health crisis that our country has confronted in a century."[13] For the past two years Yukoners have felt the effects of the pandemic. However, efforts made by Yukoners and businesses to keep each other safe by following public health measures and getting vaccinated lessened the toll that this pandemic could have taken on the Yukon community.

Since the start of the pandemic there had been 4729 confirmed COVID-19 cases in Yukon residents[x,xi].[14] The rate of total cases of COVID-19 in Yukon was 10,891 per 100,000 population which was similar to Canada's total rate of 10,680 per 100,000 population (Figure 15).[15]

Figure 15: Rate per 100,000 population of total cases of COVID-19, in Canada by jurisdiction, as of July 30, 2022.[15]

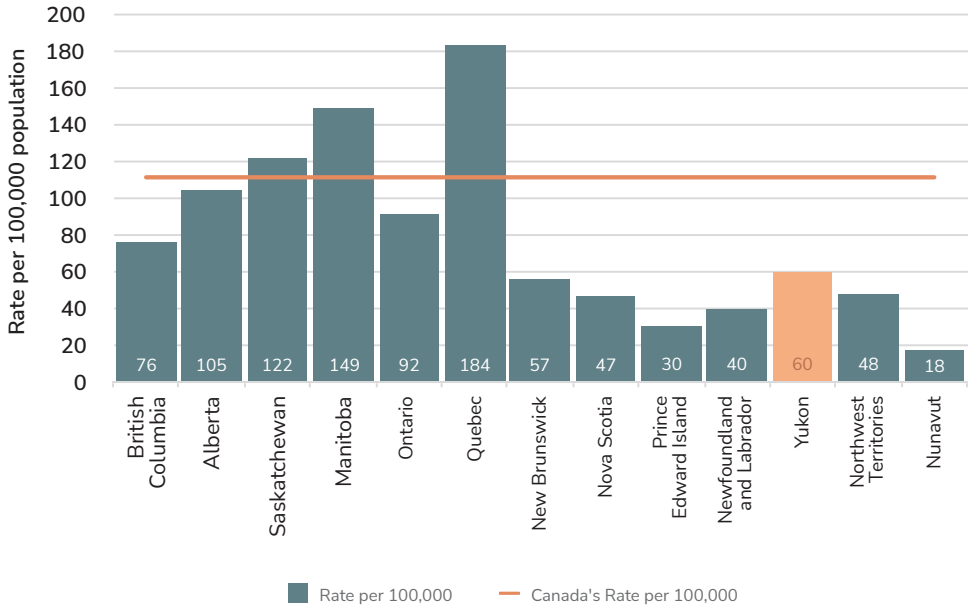


x Current as of August 8, 2022.

xi Until January 5, 2022 all symptomatic people were eligible for the COVID-19 PCR test. From January 6, 2022 onward these tests were prioritized for those who were most at risk for getting very sick from COVID-19. Soon after at-home rapid test were made available to Yukoners. The total case count only includes those who tested positive with a PCR test. The total number of cases experienced by Yukoners is likely much higher.

In total there have been 156 Yukon residents hospitalized for COVID-19.[14] Twenty-eight of these cases required a medevac out of the territory.[14] Twenty-nine Yukon residents have died as a result of contracting COVID-19[xii].[14] The rate per 100,000 population for COVID-19 deaths for Yukon residents is lower than the Canadian rate with 60 deaths per 100,000 population and 112 deaths per 100,000 population respectfully (Figure 16).[15]

Figure 16: Rate per 100,000 population of total deaths related to COVID-19, in Canada by jurisdiction, as of July 30, 2022.[15]



Vaccines helped to protect many Yukoners from developing severe cases of COVID-19. In total:

- 88 per cent of eligible adults and children[xiii] have received one shot.
- 85 per cent of eligible adults and children have received two shots.
- 54 per cent of eligible adults and children have received three shots.[xiv,14,15]

xii Current as of August 8, 2022.

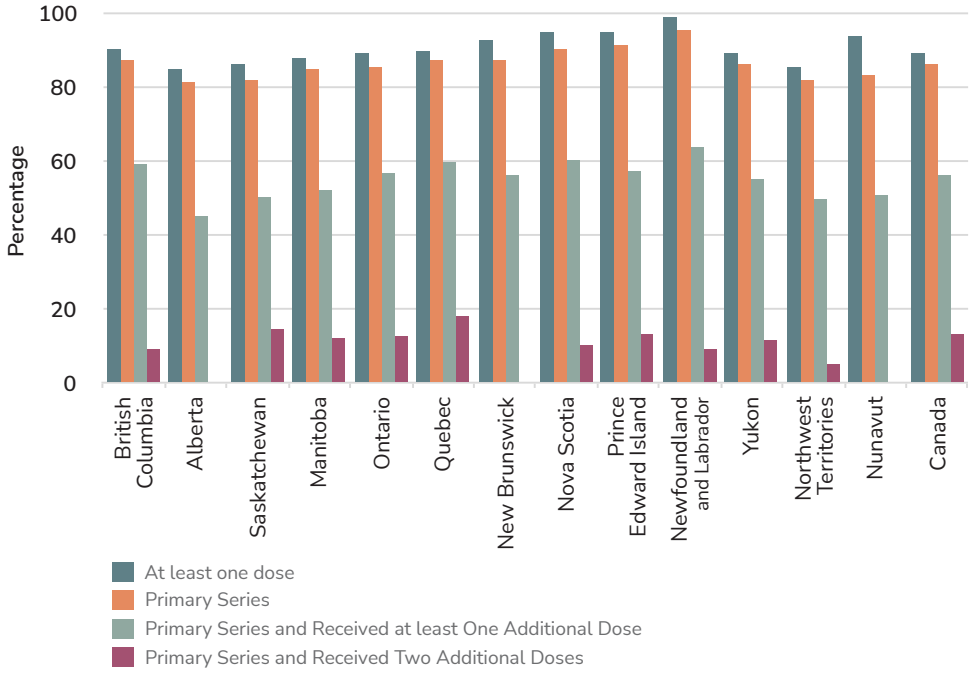
xiii Eligible adults and children refers to the population over the age of 5 years for one and two doses of COVID-19 vaccine and people over the age of 12 for three doses of the vaccine.

xiv Current as of August 8, 2022.

In comparison to the Canadian cumulative percentage, Yukon has a comparable, but slightly lower percentage of the population with first, second and third doses of the COVID-19 vaccine (Figure 17).[15]

When this information was pulled, Alberta, New Brunswick and Nunavut were not reporting information for primary series and two additional doses.

Figure 17: Cumulative percent of the eligible population, who received at least one dose, the primary series, the primary series and at least one additional dose and the primary series and two additional doses, in Canada by jurisdiction, as of July 17, 2022[xv].[15]



[xv] The population that is eligible for at least one dose of COVID-19 vaccine and the full series are people aged 6 months and older. However, at the time of drafting this report, data was only available for those 5 years and older. Therefore, the eligible population in this case still uses people 5 years and older as the denominator. The population that is eligible for the primary series and at least one additional dose are people aged 12 and older. The population that is eligible for the primary series and two additional does are people aged 18 and older.

Injuries

In the fiscal year of 2020–2021 there were 399 hospitalizations and 7897 emergency department visits for reasons relating to injuries in Yukon.[16]

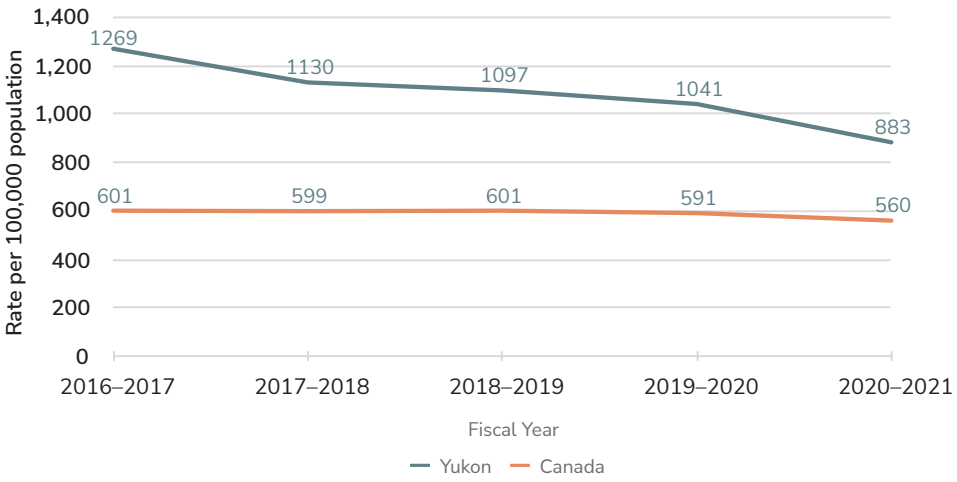
In Yukon, the top 4 causes of injury hospitalizations were: unintentional falls, attempted suicide/self-inflicted injuries, transport accident, and assault and purposely inflicted injuries.[16] Overall, intentional injuries (assault, suicide and self-inflicted injury) made up approximately a third of injury hospitalizations.[16]

A total of 56 hospitalizations occurred in 2020–2021 due to sport-related / winter injuries with falls on ice, ski/snowboarding, cycling, and all-terrain vehicles being the most common cause of sport-related injury leading to hospitalization.[16]

The most common cause for injury ED visits in Yukon was unintentional falls, followed by struck by or against objects and persons, and other/unspecified cause. Intentional injuries (assault, suicide and self-inflicted injury) made up 8.5% of injury ED visits.

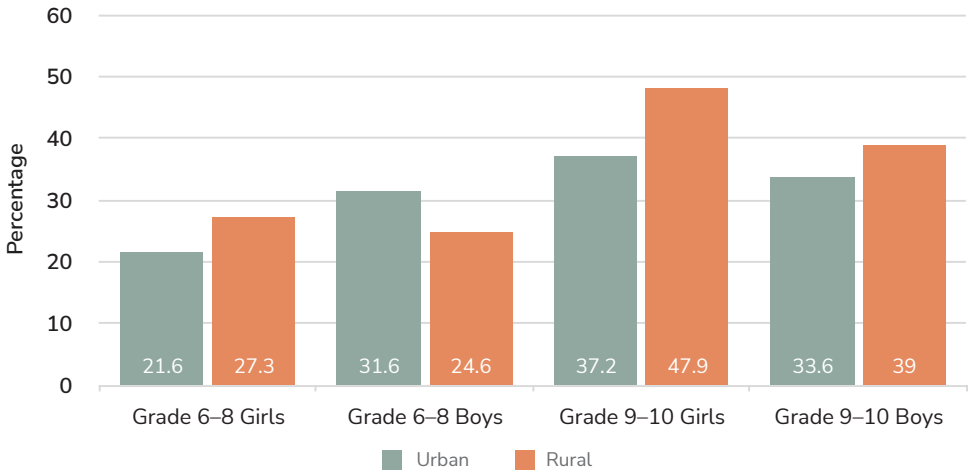
In 2020–2021, the age-standardized rate of hospitalizations due to injury in Yukon was 883 per 100,000 people (Figure 18).[17] Over the past ten years, Yukon has had a significantly higher age-standardized rate of injury than the Canadian average.[17] In Yukon, males have higher age-standardized rates of injury hospitalizations than females with 1016 and 752 injury hospitalizations per 100,000 population respectively.[17]

Figure 18: Age standardized rate per 100,000 population, injury hospitalizations, Yukon and Canada, 2010–2011 to 2020–2021[17]



In 2018, students in Grade 9 and 10 were asked in the past 12 months, how many times that they have been injured and had to be treated by a doctor or nurse. Except for female students in Grades 6 to 8; half of respondents from all other age/gender categories reported at least 1 injury in the past year leading to treatment by a doctor or nurse (not shown).[18] With the exception of boys in Grades 6 to 8, a higher percentage of students from rural communities reported that they had been injured and needed treated by a doctor or nurse at least 2 times in the past 12 months than students living in Whitehorse.[18] Girls in Grade 9 and 10 living in rural communities had the highest percentage of respondents (47.9 per cent) reporting 2 or more injuries in the past 12 months leading to treatment by a doctor or nurse (Figure 19).[18]

Figure 19: Percentage of students reporting being injured 2 or more times in the past year requiring treatment by a doctor or nurse, by grade, urban/rural status and gender, Yukon, 2018[18]



In 2020, there was a total of 2931 visits at Community Health Centres for injuries across Yukon.[19] This accounted for 6.9 per cent of the overall visits that year. In 2021, there were 2628 visits for injuries which accounted for 6.3 per cent of visits for that year[xvii].[19]

[xvii] From March 2020 onward, the COVID-19 pandemic reduced tourism and highway traffic throughout Yukon. It is likely that Community Health Centres would have seen more people for injury related visits, and seen more visits overall during this time if there were a typical amount of highway traffic and influx of people from tourism. This information only reflects what information was recorded by health care providers at Community Health Centres.

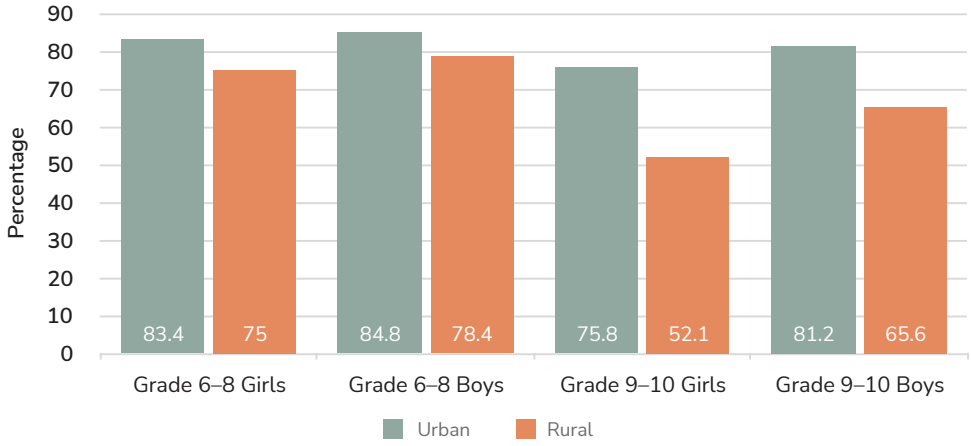
Mental health

In 2019–2020, 66.1 per cent of Yukoners rated their perceived mental health as good or excellent.[5] This is approximately three per cent higher than the number of Yukoners who rated their perceived mental health as good or excellent two years prior, and is comparable to the percentage of Canadians who rated their perceived mental health as good or excellent in 2019–2020.[5]

In addition, 16.5 percent of Yukoners perceived that most days were quite a bit, or extremely stressful.[5] This was less than the percentage of Canadians (20.8 per cent) who perceived that most days were a bit or extremely stressful.[5] Two years prior there was a larger percentage of Yukoners who perceived life to be quite a bit or extremely stressful (21.2 per cent).[5] In 2019–2020, 8.1 per cent[xviii] of Yukoners self-identified as having a mood disorder[xix], this was similar to the Canadian average (9.0 per cent).[5]

When Yukon students in Grades 6 to 10 were asked to self rate their health, a higher percentage of students living in Whitehorse reported their health as excellent or good than those living in rural communities.[18] A lower percentage of students in Grades 9 and 10 reported their health as excellent or good when compared to students with the same gender and urban/rural status in Grades 6 to 8.[18] Most concerning perhaps is that only about half (52.1 per cent) of girls from rural communities in grades 9 and 10 reported their health to be excellent or good (Figure 20).[18]

Figure 20: Percentage of students who rate their health as excellent or good, by grade, urban/rural status, and gender, Yukon, 2018[18]

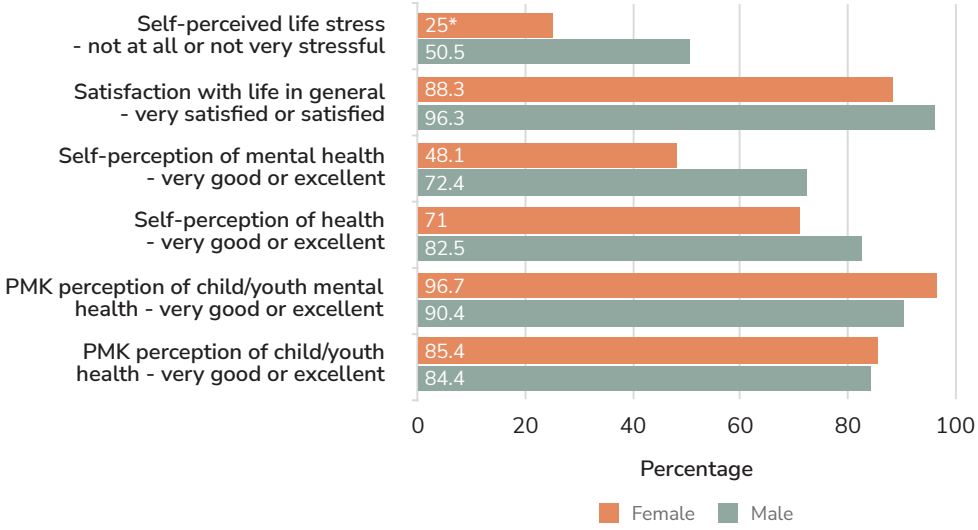


[xviii] This value is to be used with caution.

[xix] This includes a diagnosis by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthmia.

Below in Figure 21 health and mental health indicators for youth are outlined for youth in Canada and Yukon. Overall, 39.4 per cent of youth aged 12–17 self-reported that their perceived life stress was not at all, or not very stressful.[21] Males were more likely than females to report low life stress.[21] When asked about life satisfaction, 92.9 per cent of youth aged 12–17 were very satisfied or satisfied with life in general, with more males than females reporting satisfaction.[21] Fewer youth rated their mental health very good or excellent than their overall health with 61.8 per cent and 77.5 per cent of youth aged 12–17 reporting good or excellent on these indicators respectively.[21] As with the previous two indicators, a higher proportion of males rated their health and mental health positively.[21] When a Person Most Knowledgeable (PMK) was asked to report on the health of a child or youth, 93.4 per cent reported that the child or youth had very good or excellent health and 84.9 reported that the child or youth has very good or excellent mental health.[21] These indicators are shown below in Figure 21 broken down by sex.

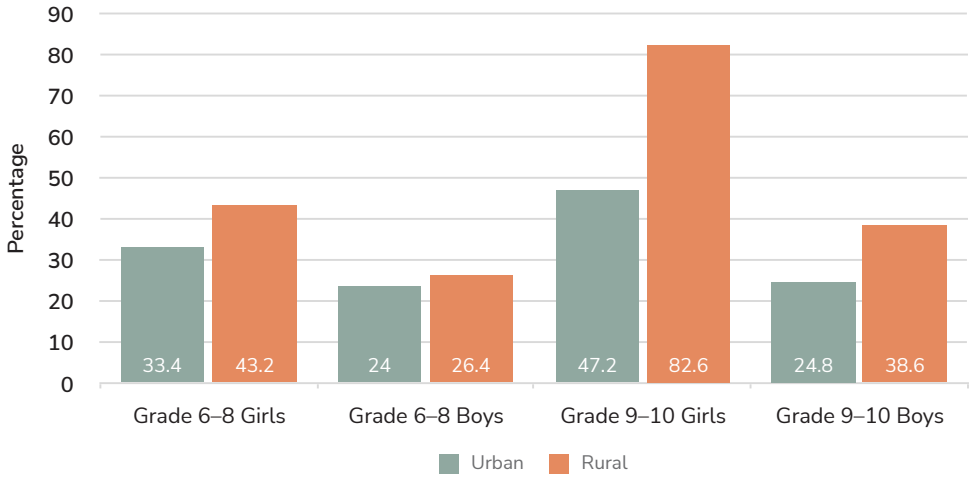
Figure 21: Self-reported and Person Most Knowledgeable (PMK) health and mental health indicators, by sex, Yukon, 2019[21]



Note: PMK responded for those aged 1–17, self-reported by those aged 12–17.
** High sampling variability. Interpret with caution.*

There was a question in the HBSC that may indicate depression in young people.[22] Students were asked "during the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row, that you have stopped doing some usual activities?" The results are very concerning. A higher percentage of students from rural communities report feeling this way than students from Whitehorse in every age group and gender grouping.[18] When compared to their counterparts of the same age group and resident status, girls in every age group reported feeling this way more frequently than boys.[18] Most concerning perhaps is that 82.6 percent of girls in Grades 9 and 10 living in rural Yukon communities reported feeling this way (Figure 22).[18]

Figure 22: Percentage of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row, that they stopped doing some usual activities, by grade, urban/rural status, and gender, Yukon, 2018[18]



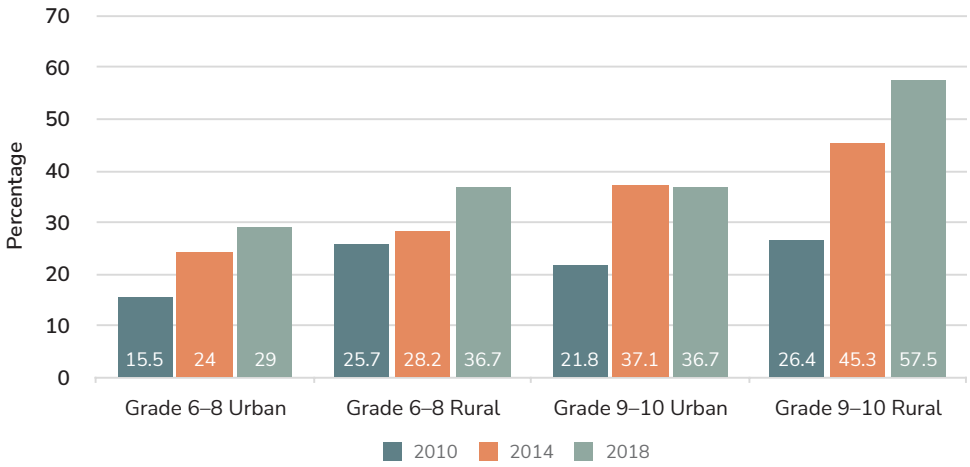
Moreover, when we compare results from Yukon to the Canadian results; a higher percentage of Yukon students report feeling so sad or hopeless almost every day for two weeks or more in a row, that they stopped doing usual activities, with the exception of girls in Grade 6 to 8 (Figure 23).[23]

Figure 23: Percentage of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row, that they stopped doing some usual activities, by grade and gender, Yukon and Canada, 2018[23]

Note: Yukon's results for urban and rural are combined for this figure.

Finally we are able to look at the trend for this question over three separate survey collection periods. For every age group regardless of residency status, a higher percentage of students have reported feeling this way since the survey in 2010.[18] With the exception of students living in Whitehorse in Grades 9 and 10 there has been a clear increase in the percentage of students feeling so sad or hopeless almost every day for two weeks or more in a row that they stop doing some usual activities since 2010.[18] More than double the percentage of students in Grades 9 and 10 from rural communities reported feeling this way in 2018 than the students in Grades 9 and 10 from rural communities in 2010 (Figure 24).[18]

Figure 24: Percentage of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row, that they stopped doing some usual activities, by grade, urban/rural status, Yukon, 2010, 2014 and 2018[18]



Note: Yukon's results for gender are combined for this figure.

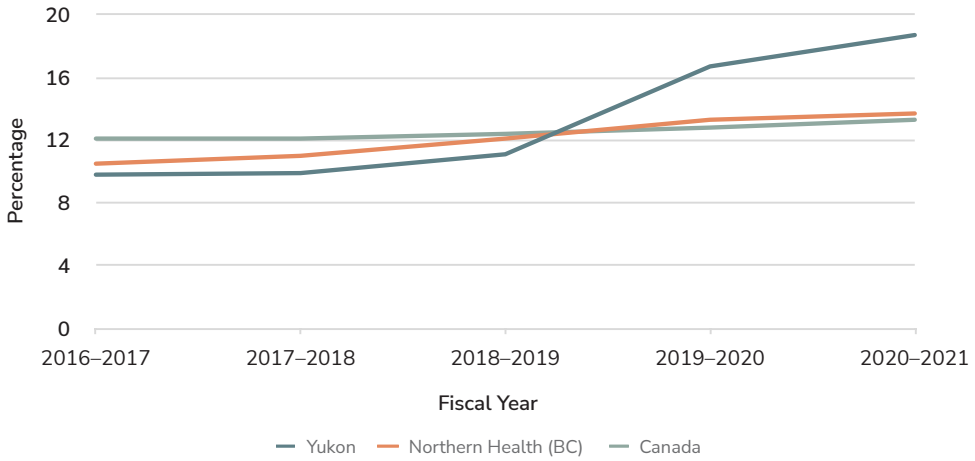
Protective public health measures that have been used over the past few months to curb the number of cases in the COVID-19 pandemic have had unintended consequences on wellbeing and health. While we may not know the true effects of these unintended consequences for years to come; we do know that the mental health of many suffered. Just six months into the pandemic Yukoners reported experiencing negative impacts because of their own mental health issues, a family member's mental health issues and/or someone else's own mental health issues. Notably, over half of young people (54.5 per cent) aged 15–34 years reported negative impacts because of their own mental health.[24] People who identified as female were more likely to report negative impacts due to their own, a family member's or someone else's own mental health than men with 50.8 per cent, 45.1 percent and 56.1 percent reporting negative impacts respectively compared with 34.2 percent, 32.3 per cent and 41.2 per cent of men.[24] In Table V summary results of the unintended consequences of COVID-19 on Yukoner mental health is shown.

Table V: Percentage of Yukoners aged 15 and over reporting negative impacts due to mental health issues since the COVID-19 pandemic, 2020[24]

Experience	Yes
Negative impacts because of own mental health issues	42.7%
Negative impact because of a family member's mental health issues	38.7%
Negative impact because of a family member's mental health issues	48.7%

Below Figure 25 presents an indirect measure of appropriateness of care. In the figure we can see that in the fiscal year of 2020–2021 of the people who had at least one hospitalization for mental illness, 18.7 per cent were hospitalized 3 or more times in that year.[25] This percentage has been increasing since 2016–2017 and is higher than what is seen in the Northern Health region in BC and in the rest of Canada.[25] Repeat hospitalizations for reasons related to mental illness can indicate that there may be challenges in the community with getting appropriate care and support.[25]

Figure 25: Repeat hospital stays for mental illness (percentage), Yukon, Northern Health (BC), and Canada, 2016–2017 to 2020–2021[25]



In Table VI below there are two indicators that are collected on an annual basis by the Canadian Institute for Health Information. For each of these indicators, it is desirable to have a lower rate or percentage.

Frequent emergency room visits for help with mental health and/or addictions is similar to the indicator for repeat hospital stays above. They both could suggest that people are unable to have their condition adequately managed by services in the community. In Yukon, of people who had at least one visit to the emergency room for mental health and/or addictions, 18.4 percent had four or more visits.[26]

The discharge rates for mental health or addiction in Yukon is also much higher than the Canadian rate.[27]

Indicators like the ones in the table below are important to track over time. Not just to ensure that the health status of Yukoners is improving but also to ensure that programs and services available to Yukoners are meeting the needs of patients and people are being well cared for in their community.

Table VI: Mental health indicators, Yukon and Canada, 2019–2020

	Yukon	Canada
Frequent emergency room visits for help with mental health and/or addictions (percentage)*[26]	18.4	9.5
Discharges rates for mental health or addiction, (age-standardized rate per 100,000)[27]	1138.93	691.92

**Percentage of individuals who had four or more emergency room or urgent care centre visits for help with mental health and/or addictions in a 365-day period among those who had at least one emergency room or urgent care clinic visit for mental health and/or addictions in a given year.*

The Canadian Institute for Health Information released a report on children and youth visiting the emergency department and being hospitalized for mental disorders pre and post pandemic. The results for Yukon are explored below.

Emergency Department[28]

- Pre Pandemic (2019–2020)
    - There were 288 children and youth who visited the emergency department for mental disorders[xx]
    - There were 3164 children and youth who visited the emergency department for other conditions
    - When compared to other jurisdictions, Yukon's rate of children and youth who visited the emergency department for mental disorders is consistently much higher than other jurisdictions (around 2 times higher each year).

[xx] The number of patients is different from the number of visits to the emergency department. The same patient could have gone to the emergency department multiple times in a single year. This release only contains number of patients who visited the emergency department and does not contain number of visits to the emergency department. The hospitalization data for this release contains both number of patients and number of visits.

- Pandemic Period (2020–2021)
    - There were 234 children and youth who visited the emergency department for mental disorders
    - There were 2443 children and youth who visited the emergency department for other conditions
    - When compared to other jurisdictions, Yukon's rate of children and youth who visited the emergency department for mental disorders is much higher than other jurisdictions (between 1.8 and 2 times higher).

Hospitalizations[28]

- Pre Pandemic (2019–2020)
    - There were 75 children and youth who were hospitalized for mental disorders. These patients were responsible for a total of 106 total hospital stays for mental disorders that fiscal year.
    - There were 202 children and youth who were hospitalized for other conditions
    - Yukon's rate of children and youth who were hospitalized for mental disorders was lower than the other territories and in general fairly comparable to provinces such as Newfoundland and Labrador, New Brunswick and Saskatchewan.
- Pandemic Period (2020–2021)
    - There were 66 children and youth who were hospitalized for mental disorders. These patients were responsible for a total of 92 total hospital stays for mental disorders that fiscal year.
    - There were 184 children and youth who were hospitalized for other conditions
    - Yukon's rate of children and youth who were hospitalized for mental disorders in 2020–2021 was lower only than the rate for NWT and Nunavut. It was higher than all other provinces.

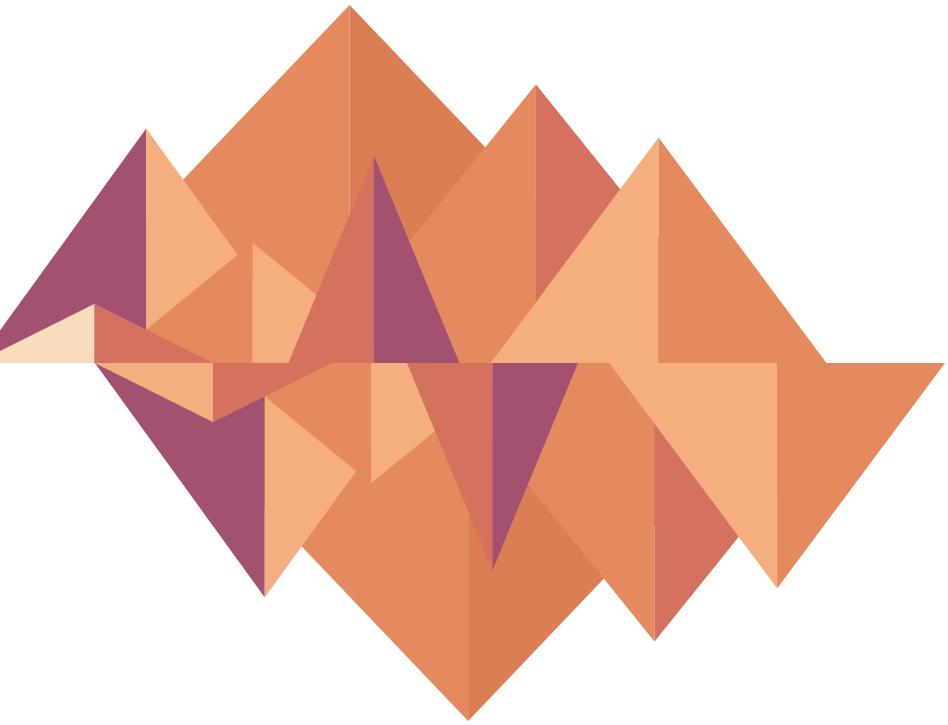
Community Health Centres across Yukon see patients for a variety of reasons, including for mental health. In 2020, there was a total of 2726 mental health visits at Community Health Centres across Yukon.[19] This accounted for 6.4 per cent of the overall visits that year. In 2021, there were 2922 mental health visits which accounted for 7.0 per cent of visits that year[xxi].[19]

[xxi] From March 2020 onward, the COVID-19 pandemic reduced overall visits to Community Health Centres. It is likely in a normal year that there would have been more visits for mental-health related reasons and more visits overall. This information only reflects what information was recorded by health care providers at Community Health Centres.

⚠ **TRIGGER WARNING:** The following sections [pages 33–34] deal with topics which may cause trauma to readers due to its troubling subject matter. The CMOH recognizes the need for safety measures to minimize the risks associated with traumatic subject matter.

If you or someone you know needs support, you can reach out to one of these resources:

- The Reach Out Support Line is free and confidential. It is run by the Yukon division of the Canadian Mental Health Association. Call 1–844–533–3030 (10 a.m. to 2 a.m. seven days a week.)
- The Hope for Wellness Help Line offers immediate help to all Indigenous peoples across Canada. It is available 24 hours a day, 7 days a week to offer counselling and crisis intervention. Call the toll-free Help Line at 1–855–242–3310 or connect to the online chat at hopeforwellness.ca
- Yukon Mental Wellness and Substance Use Services, Rapid Access Counselling. Available Monday through Friday. Call 867–456–3838.
- The Canada Suicide Prevention Service is available 24/7. Call 1–833–456–4566.
- Trans Lifeline provides trans peer support to those in need. Call 877–330–6366.

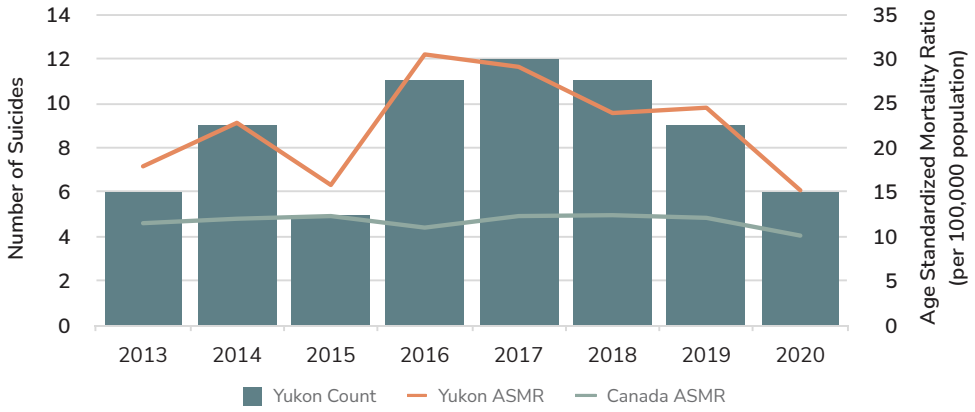


Suicide

Suicide has far-reaching impacts and affects people of all ages and backgrounds.

Between 2013 and 2020 there have been 69 suicide deaths in Yukon.[29] This is an average Age Standardized Mortality Ratio (ASMR) of 22.4 for Yukon. In comparison this is approximately double the average ASMR for Canada which was 11.7 between 2013 and 2020. [29,30] In 2021 between January 1 and October 31 there were 10 suicide deaths in Yukon; which is four more than occurred in 2020 (Figure 26)[xxii].[29]

Figure 26: Suicide death count and age-standardized mortality rate per 100,000, Yukon and Canada, 2013–2020[29,30]



In Yukon between 2013 and 2020:

- Almost one-third (31 per cent) of suicide deaths in Yukon were people under the age of 30 and another 15 per cent were 30 to 34 years of age.
- 81 per cent of suicide deaths were men.
- 25 per cent of people who died from suicide had a known depression diagnosis at the time of death.
- 16 per cent of people who died from suicide had a known alcohol/ substance use disorder at the time of death.
- 10 per cent of people who died from suicide had a known diagnosis of anxiety disorder, bipolar disorder, personality disorder or undiagnosed mental health symptoms at the time of death.
- At least 22 per cent of people who died from suicide had a history of trauma or violence.[29]

[xxii] Note: At the time the report was being drafted there was not a complete year of data available in Yukon for 2021.

Self harm

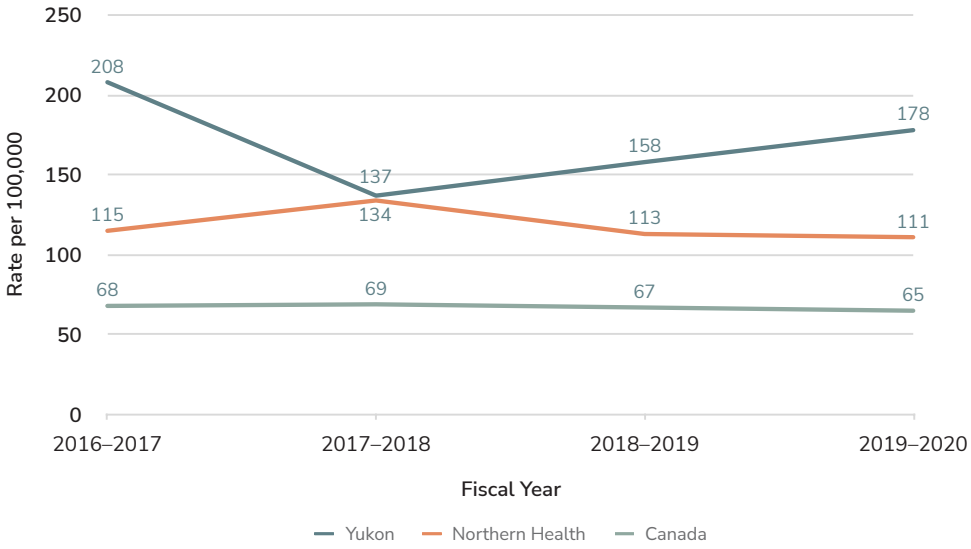
Self harm or self injury refers to someone hurting themselves on purpose. While sometimes people self harm as part of a suicide attempt; people also may self harm themselves as a way of coping or feeling better, without the intention of dying.[31] The key difference between a suicide attempt and self harm is the intention.[31] Many people who self harm do not want to die.[31]

Self harm is not a mental illness. It is a behaviour that indicates a need for better coping skills.[32] Some mental illnesses including anxiety, depression, eating disorders, post traumatic stress disorder (PTSD) and borderline personality disorder are associated with self harming behaviours.[32] That means that if someone is experiencing one of the mental illnesses above they may be more likely to self harm.[32]

Self harm may occur as a way of dealing with uncomfortable or unwanted emotions including anxiety or depression, to cope with grief, loss, violence or illness, to punish themselves or express self-hatred or self-anger, to makes emotional pain feel like physical pain, to feel 'real', cope with feelings of emptiness or numbness, or to re-gain control over their body.[32]

The age standardized rate per 100,000 people in Yukon for self-harm hospitalizations is close to 3 times that of the Canadian rate with 178 hospitalizations per 100,000 people in Yukon (Figure 27).[33] This rate has been increasing steadily since the fiscal year of 2017–2018.[33] This rate was higher for females than males with 203 females per 100,000 people and 155 males per 100,000 people being hospitalized for self-harm in Yukon in 2019–2020.[33]

Figure 27: Self-harm hospitalizations (age-standardized rate per 100,000), Yukon, Northern Health (BC), and Canada, 2016–2017 to 2019–2020[33]



Healthy living and prevention

Our physical and mental health is influenced by many factors. This includes, genetics and access to health care but also other social factors such as income, housing and the places we live. Below is an examination of some factors that influence our wellbeing that we typically have more control over.

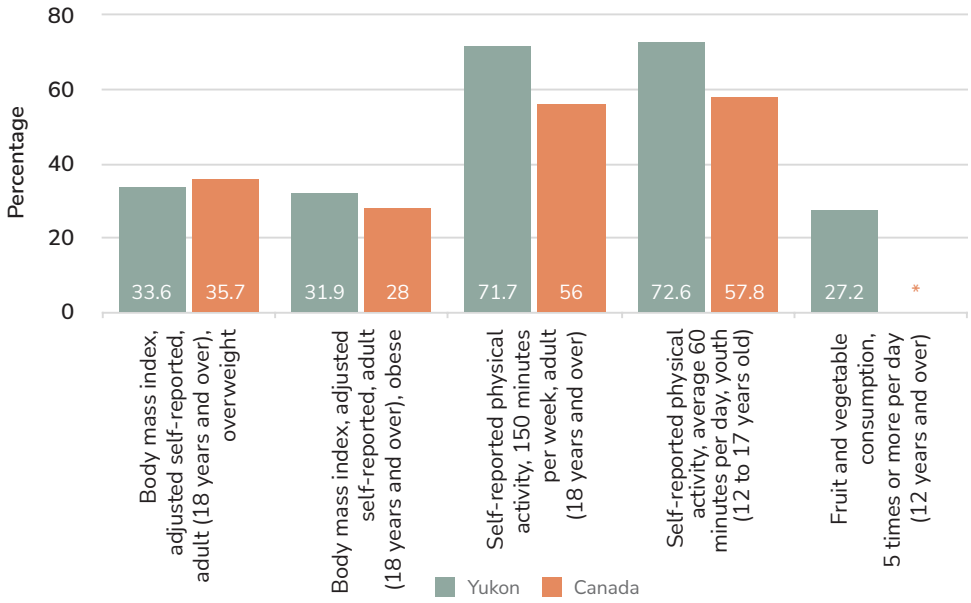
Diet, physical activity and weight

Diet, physical activity, and weight influence our physical and mental health now and into the future.

Similar to what has been reported in past Health Status Reports; Yukoners have relatively high rates of physical activity when compared to the national average. Physical activity levels have increased in Yukon since 2015–2016[xxiii].[5] In 2015–2016, 65.3 per cent of youth 12 to 17 years old reported getting an average of 60 minutes of physical activity per day, two years later 72.6 per cent of youth report getting that same amount of physical activity on average.[5] In 2015–2016, 68.2 per cent of adults in Yukon (18 years of age and older) reported getting the recommended amount of exercise of at least 150 minutes of physical activity per week.[5] The most recent estimate is that 71.7 percent of adults are getting that same amount of exercise.[5]

Even so, approximately one third of adults living in Yukon reported being overweight and another third report being obese. Self-reported weight has stayed similar to the 2015 to 2016 reporting cycle (Figure 28).[5]

Figure 28: Self-reported health behaviours and overweight/obesity status, Yukon and Canada, 2019–2020[5]



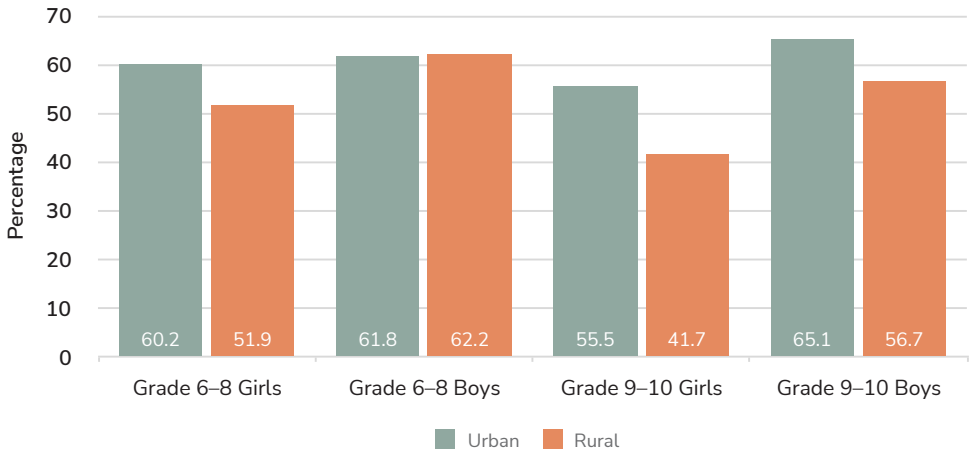
** During this specific reference period the data was not available for Canada for fruit and vegetable consumption.*

Results for self-reported physical activity and fruit and vegetable consumption are from the 2017–2018 reporting cycle.

[xxiii] Self-reported physical activity rates were not available for the 2019–2020 Canadian Community Health Survey Reporting Cycle.

When looking at students in Yukon more closely, a higher percentage of students from Whitehorse reported getting at least 60 minutes of physical activity a day for at least five days in the past 7 days than students from rural communities with the exception of boys in Grades 6 to 8.[18] When compared with counterparts with the same residency status and of the same age group a higher percentage of male students reported being physically active for at least 60 minutes for at least five days in the past seven days than female students.[18] This difference was most exaggerated for Grades 9 and 10 students in rural communities (Figure 29).[18]

Figure 29: Percentage of students who reported being physically active for five or more days over the past seven days for a total of at least 60 minutes, by grade, urban/rural status, Yukon, 2018[18]



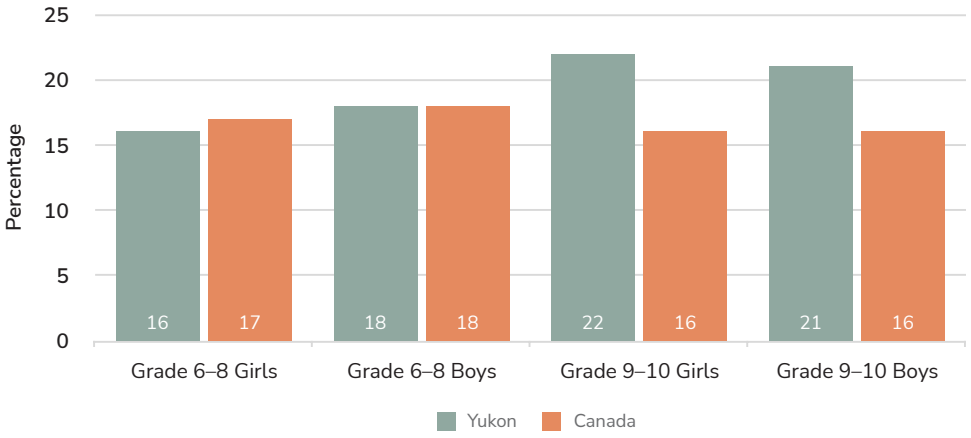
Students were also asked about their participation in cultural activities and on-the-land activities. Participation in cultural activities is higher for students in Grades 6 to 8 and lower for students in Grades 9 and 10.[18] Students from rural communities were more likely to report participate in cultural activities than students in Whitehorse.[18] Rural students were also more likely to report participating in on-the-land activities for three hours or more a week.[18] Male students were more likely than female students to report participating in on-the-land activities for three hours or more a week.[18]

When healthy eating is referred to, it often means consumption of a complete diet, including eating plenty of fruits and vegetables, enough protein and whole grain foods. In 2017–2018, only 27.2 per cent of Yukoners aged 12 and older were consuming fruits and vegetables five or more times daily.[5] This was slightly lower than the 28.5 per cent of Yukoners who reported doing so in 2015–2016.[5]

In early 2019, Canada's Food Guide was updated to include aspects of healthy eating that are frequently overlooked, including cooking more often, enjoying food and eating meals with others.[34] While Canada's Food Guide provides excellent guidance for people on how to modify their eating habits for health, some people cannot adhere to this guidance because of other barriers to healthy eating such as food insecurity. Groceries are expensive, especially in rural communities, and accessing traditional food sources can be challenging (changing land and climate conditions and high costs of fuel and equipment can be barriers).

When compared with students of the same age group in Canada, a higher percentage of Yukon students in Grades 9 and 10 reported going to bed hungry at least sometimes.[23] Over 20 per cent of both female and male students in Grades 9 and 10 report doing so (Figure 30).[23]

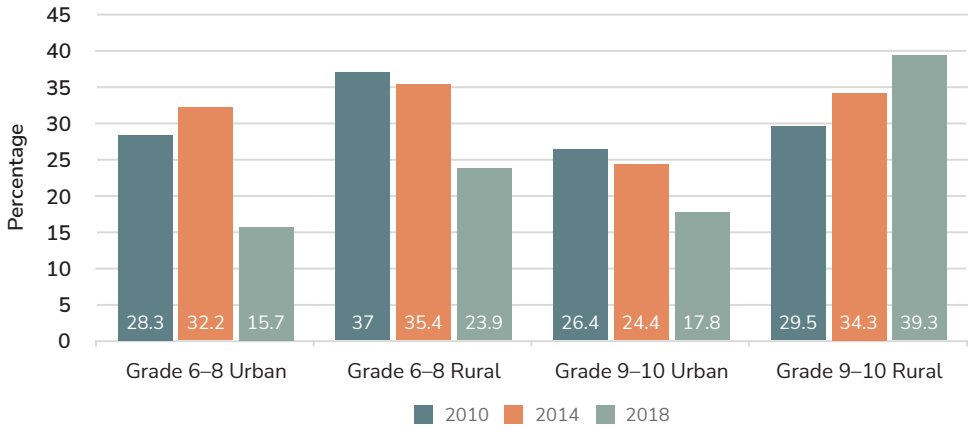
Figure 30: Percentage of students who said they went to school or bed hungry at least sometimes because there is not enough food at home, by grade and gender, Yukon and Canada, 2018[23]



Note: Yukon's results for urban and rural are combined for this figure.

When we compare results for this question over the past three surveys, we see improvements in the percentage of students that report going to school or bed hungry at least sometimes because there is not enough food at home (Figure 31).[18] This is true except for students in Grades 9 and 10 living in rural communities where now 10 per cent more students in 2018 reported going to school or bed hungry because there is not enough food at home, than in 2010 (39.3 per cent of students compared to 29.5 per cent of students respectively).[18]

Figure 31: Percentage of students who said they went to school or bed hungry at least sometimes because there is not enough food at home, by grade, urban/rural status, Yukon, 2010, 2014 and 2018[18]



Note: Yukon's results for gender are combined for this figure.

When asked "how often do you usually have breakfast (more than a glass of milk or fruit juice on weekdays" a higher percentage of students from Whitehorse reported eating breakfast five days a week than students from rural communities.[18] Male students were also more likely to report having breakfast five days a week than their female counterparts.[18]

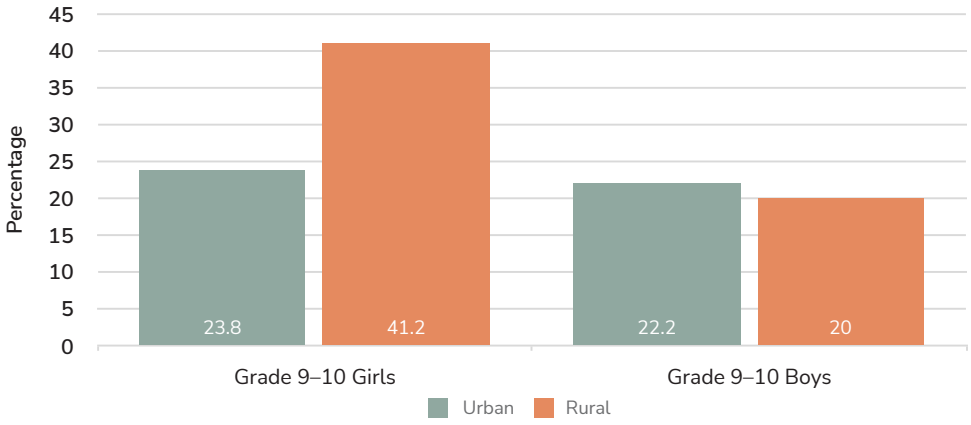
When students were asked about consumption of traditional foods from hunting, older students (in Grades 9 and 10) were more likely to report doing so often when it was available than students with the same gender and residency status in Grades 6 to 8.[18] In general students from rural communities were more likely to report eating traditional foods often when available than students from Whitehorse of the same age and gender.[18]

Sexual health

Sexual health is important to overall health and wellbeing. While sexual activity is not inherently a risky behaviour, some factors can increase the likelihood of negative effects including such as unprotected sex.

In Figure 32 below a high percentage of sexually active students report having sex at age 13 or earlier. Of note 41.2 per cent of female students in Grade 9 and 10 from rural communities who reported being sexually active at the time the survey was completed said that they first had sex before they were 13 years old.[18] Having sexual intercourse earlier in life means that it is less likely that youth may have had a comprehensive sex education. This could potentially put them at increased risk of acquiring sexually transmitted infections, unwanted pregnancy and undesirable sexual outcomes including issues with orgasm and sexual arousal.

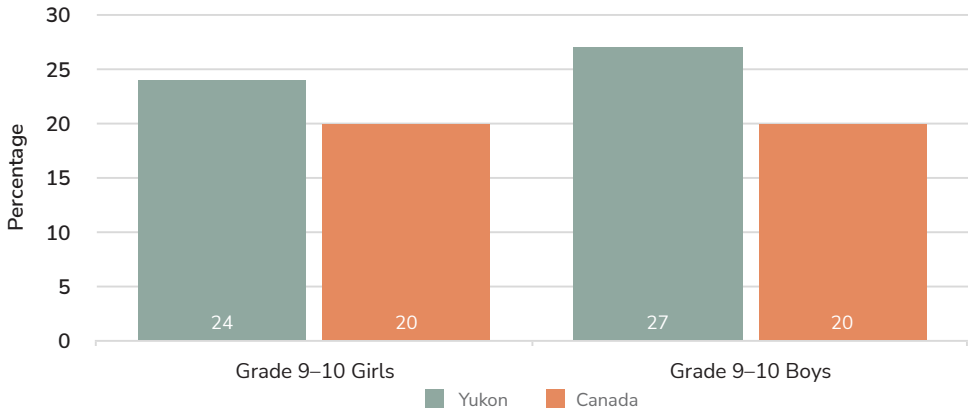
Figure 32: Percentage of sexually active Grade 9 and 10 students who report first having sex at age 13 or earlier, by gender, and urban/rural status, Yukon, 2018[18]



Note: Yukon's results for urban and rural are combined for this figure.

When sexual activity behaviours for Yukon students were compared with Canadian results, a higher percentage of Yukon students in Grades 9 and 10 reported that they had sexual intercourse than Canadian students of the same gender.[23] This was most exaggerated for boys in Grades 9 and 10 where 27 per cent of boys in Grades 9 and 10 in Yukon reported being sexually active compared to 20 per cent of their Canadian peers (Figure 33).[23]

Figure 33: Percentage of Grade 9 and 10 students who reported that they had sexual intercourse, by gender, Yukon and Canada, 2018[23]



⚠ **TRIGGER WARNING:** The following section [pages 40–42] deals with topics which may cause trauma to readers due to its troubling subject matter. The CMOH recognizes the need for safety measures to minimize the risks associated with traumatic subject matter.

If you or someone you know is triggered and needs support, you can reach out to one of these resources:

- Yukon's Sexualized Assault Response Team (SART) provides a safe and confidential network of services that focus on your needs and choices. Available 24/7 at 1–844–967–7275.
- The Reach Out Support Line is free and confidential. It is run by the Yukon division of the Canadian Mental Health Association.
  Call 1–844–533–3030 (10 a.m. to 2 a.m. seven days a week.)
- The Hope for Wellness Help Line offers immediate help to all Indigenous peoples across Canada. It is available 24 hours a day, 7 days a week to offer counselling and crisis intervention. Call the toll-free Help Line at 1–855–242–3310 or connect to the online chat at hopeforwellness.ca
- Yukon Mental Wellness and Substance Use Services, Rapid Access Counselling. Available Monday through Friday. Call 867–456–3838.
- Trans Lifeline provides trans peer support to those in need. Call 877–330–6366.

Sexualized violence

The World Health Organization defines sexualized violence as: "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object."[35] Coercion includes a broad spectrum of degrees of force including, but not limited to, physical force, psychological intimidation, blackmail, and/or other threats.[35] It can also occur when the victim is unable to give consent in circumstances such as while intoxicated, asleep, or mentally incapable of understanding the situation.[35] Sexualized violence exists on a continuum from obscene name-calling to rape and/or homicide and includes on-line interactions and sexual trafficking.[36] Not all behaviours that are sexually violent meet the threshold of a criminal act. For example, some forms of sexualized violence such as sexual comments or crude jokes are not necessarily criminal. Nonetheless non-criminal sexualized violence can have negative consequences on individuals that experience them and can contribute to societal complacency regarding violence.

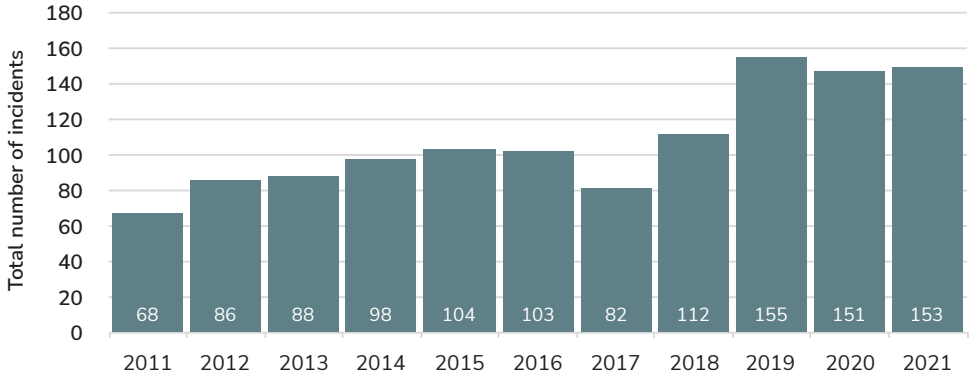
Sexualized violence has a profound impact on a survivor's mental and physical health. For example, while 86 per cent of female survivors surveyed in the Canadian territories did not suffer physical injuries from a sexual assault, they were likely to report suffering from a range of psychological consequences, both in the immediate period after the violence and over the longer term.[36,37] These impacts include feelings of guilt, shame, anger, isolation, and fear, mental health outcomes including anxiety, depression and post traumatic stress disorder (PTSD), and other effects such as sexual dysfunction, and sleep disturbances are commonly reported after a sexual assault.[36] Survivors may also report suicidal ideation.[38]

It is important to use caution when interpreting prevalence of sexualized violence as any statistics are very likely to underestimate the true extent of the problem.

Figure 34, below, highlights the trends in police-reported sexual assault in Yukon over the past 10 years. Between 2011 to 2021, there was a 125 per cent increase in police reported sexual assaults in Yukon.[39] Over the past five years, police-reported sexual assaults have increased 87 per cent in Yukon.[39]

This does not necessarily mean that there has been an overall increase in sexualized violence, although this cannot be discounted. A potential reason for this increase is the considerable public discussion of issues around sexualized violence that took place in 2016, which may have encouraged more survivors to report sexual assault incidents to police.

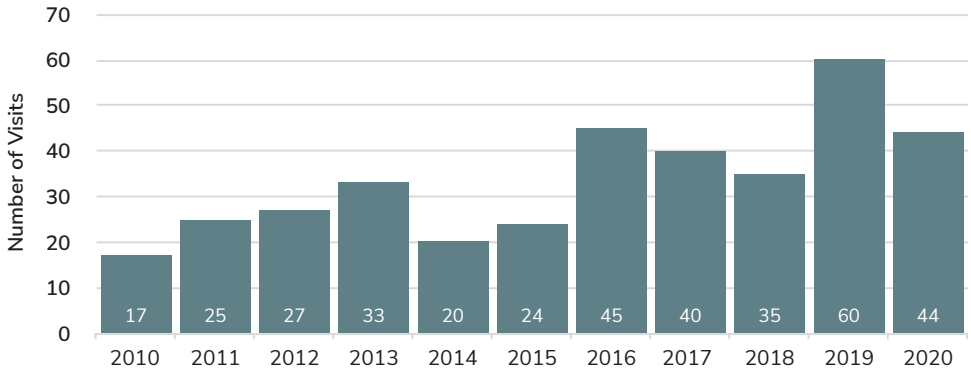
Figure 34: Total number of police reported sexual assault incidents and sexual violations against children in Yukon, 2011–2021[39]



Although there is no estimate available for Canada, it is likely that only a small fraction of those who have been sexually assaulted seek acute medical attention afterward. The numbers below represent the minority of people who have gone to the hospital following a sexual assault.

Between January 1, 2010 and December 31, 2020 all emergency department visits and hospitalization coding relating to sexualized violence were collected and analyzed. Over the 10-year period there were 370 emergency department visits for reasons associated with sexualized violence in Yukon made by 270 people (Figure 35)[xxiv, xxv].[40]

Figure 35: Number of emergency department visits related to sexual assault in Yukon, 2010–2020[40]



[xxiv] This includes all three hospitals in Yukon (Watson Lake, Dawson City and Whitehorse General Hospital). However, Watson Lake and Dawson City hospitals only have online medical records since 2015. Between 2015–2020, Dawson City hospital saw 11 emergency department visits for reasons related to sexualized violence and Watson Lake saw 21.

[xxv] This includes 6 visits where a person attended the hospital more than one time in a day for reasons relating to sexualized violence.

- Of the 270 people who visited the emergency department for reasons related to sexual violence during this time period:
    - Females made up 97 per cent of emergency department visits (261 people)
    - 71 per cent of the emergency department visits were made by people aged 0–29 (192 people)[40]
- Over the time period 12 people were hospitalized for reasons associated with sexualized violence[xxvi].[41]

[xxvi] Due to the fact that numbers less than 5 are not published because they could then become identifiable, breakdown into gender categories or age etc. is not published.

Access to health care

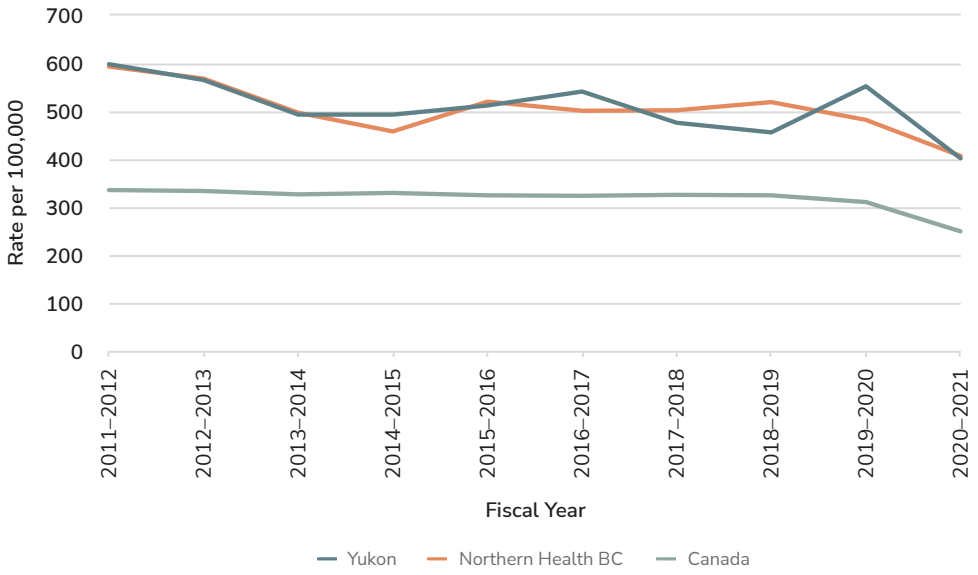
Potentially preventable hospitalizations

Figure 36 indicates that the number of potentially avoidable hospitalizations (the number of hospitalizations that could have been managed in the community through 'ambulatory' or outpatient care). Hospitalization for an ambulatory care sensitive condition is considered to be a measure of access to appropriate primary health care. In this case having a lower rate is better and would tell us that Yukoners are able to seek health care for non-urgent needs at locations other than the hospital, such as at their family doctor's clinic. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.[42]

In 2020–2021, there were 403 ambulatory care sensitive conditions per 100,000 people in Yukon. For comparison, in this same year the rate in Canada was 251 per 100,000.[42] This is similar to the disparity seen since 2011/12; Canada's rate is consistently lower than Yukon's. Regions that are more rural typically have higher rates.[42] For example, Northern Health BC had a rate of 408 per 100,000 population in 2020–2021 (Figure 34).[42] The reasons for regional variations has yet to be explored, though access to primary health care as well as outpatient or community services is generally more challenging for those living in rural areas.

While not fully explored yet, the decrease in ambulatory care sensitive conditions between 2019–2020 and 2020–2021 seen in Yukon, Northern Health BC, and Canada is likely due to the effects of COVID-19 and the initial ask for people to avoid using hospital services for non-urgent reasons.

Figure 36: Age Standardized Ambulatory Care Sensitive Conditions (rate per 100,000), 2011–2012 to 2020–2021[42]

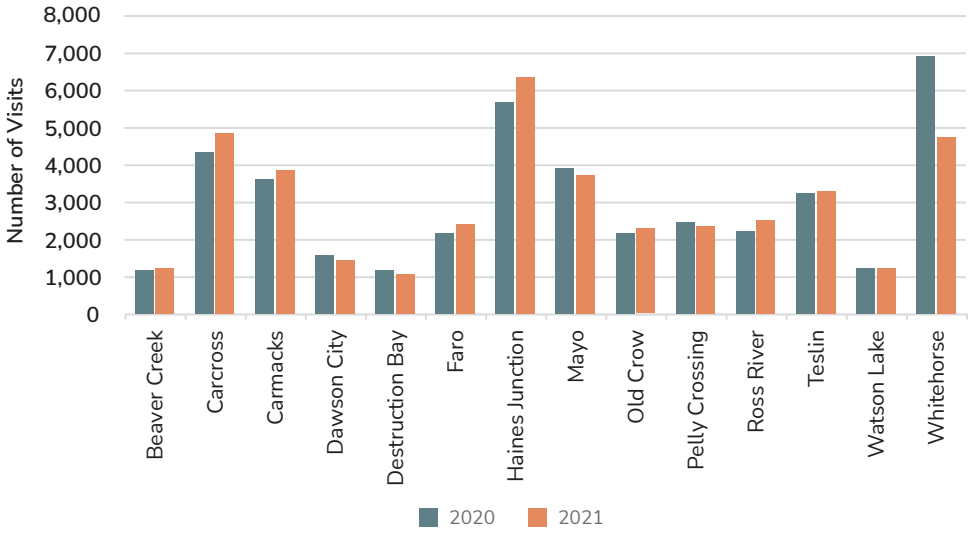


The most recent estimate of Yukoners who have a regular healthcare provider comes from 2019–2020. Approximately 83.0 per cent of Yukoners 12 years old and older report having a regular healthcare provider.[5] This is lower than the Canadian average, where approximately 85.6 per cent of Canadians have a regular health provider.[5] However, two years prior in 2017–2018 a smaller percentage of Yukoners (78.8 per cent) reported having a regular healthcare provider.[5]

Since the Find a Family Doctor program started in late 2019 to connect Yukoners with family doctors, 1259 Yukoners have been matched[xxvii].[43] In 2021, 293 people were matched with family doctors. However, there are 3095 Yukoners still waiting to be matched with a family doctor.[43]

In Yukon communities, Community Health Centres provide primary care to residents. In 2020, there were a total of 42,469 visits to Community Health Centres in Yukon and in 2021 there were a total of 41,854 visits.[19] In both 2020 and 2021, the Whitehorse Health Center, Haines Junction Health Centre and Carcross Health Centre all had more than 4000 visits in a year, making them the busiest Community Health Centres in Yukon (Figure 37)[xxviii].[19]

Figure 37: Number of visits to Community Health Centres by community location, 2020 and 2021[19]



[xxvii] As of August 8, 2022

[xxviii] From March 2020 onward, the COVID-19 pandemic reduced overall visits to Community Health Centres. It is likely in a normal year that there would have been more visits overall. This information only reflects what information was recorded by health care providers at Community Health Centres and does not reflect group visits, mass immunization clinics or education.

In Table VII below the percentage of respondents who perceived that the quality and accessibility of care was very good or excellent is shown. Overall respondents were least likely to respond that mental health services were very good or excellent and most likely to respond that health care services in general were very good or excellent.[24]

Table VII: Percentage of respondents who responded that quality and accessibility of care was very good or excellent, 2020[24]

	Perceived overall quality of selected community services	Perceived overall accessibility of selected community services
Health Care Services (in general)	43.9 per cent (range from 27.3 per cent in Central Yukon to 45 per cent in West Yukon)	36.8 per cent (range from 29.1 per cent in Central Yukon to 45.2 per cent in West Yukon)
Mental Health Services	18.5 per cent (range from 7.9 per cent in Central Yukon to 20.2 per cent in Whitehorse)	16.5 per cent (range from 10 per cent in Central Yukon to 18.4 per cent in West Yukon)
Traditional Health Services	25.2 per cent (range from 11.7 per cent in Southeast Yukon to 33.7 per cent in West Yukon)	22.9 per cent (range from 10.9 per cent in Central Yukon to 32 per cent in West Yukon)
Substance Use Services	20.1 per cent (range from 8.6 per cent in Central Yukon to 22.8 per cent in Whitehorse)	19 per cent (range from 1 per cent in Central Yukon to 22.3 per cent in Whitehorse)

Note: communities were grouped in regions

- **Central:** Carmacks. Faro, Mayo, Pelly Crossing
- **Northern:** Dawson City, Old Crow
- **South:** Carcross, Tagish
- **Southeast:** Ross River, Teslin, Watson Lake
- **West:** Beaver Creek, Burwash Landing, Destruction Bay, Haines Junction
- **Whitehorse:** Whitehorse

Table VIII below reports the outcomes of a survey completed six months into the pandemic. This table describes percentages of respondents who had difficulty accessing care services or avoided accessing care services during the beginning of the COVID-19 pandemic.

Most common reasons people reported difficult accessing or avoiding access to care during the coronavirus pandemic include:

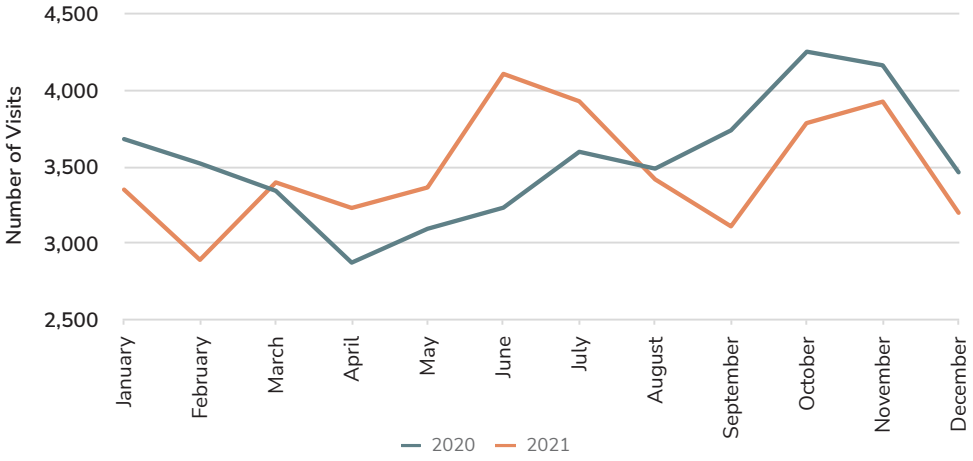
- being told not to attend a service provider's office or facility,
- did not consider personal need was an emergency situation,
- experiencing a change, cancelation, or other restriction to access,
- avoiding public places, and,
- fear of getting COVID-19[24]

Table VIII: Percentage of respondents who have experienced difficulty in accessing certain care services since the beginning of the coronavirus pandemic[24]

	Percentage of respondents who have experienced difficulty in accessing certain care services since the beginning of the coronavirus pandemic	Percentage of respondents who have avoided certain care services since the beginning of the coronavirus pandemic
Health Care Services (in general)	34.0 per cent (range from 33.1 per cent in Whitehorse to 41.9 per cent in South Yukon)	39.6 per cent (range from 34.2 per cent in South Yukon to 43.6 per cent in Central Yukon)
Mental Health Services	12.4 per cent (range from 11.1 per cent in Whitehorse to 25.6 per cent in Central Yukon)	10.1 per cent (range from 9.3 per cent in West and Southwest Yukon to 15.6 per cent in Central Yukon)
Traditional Health Services	12.5 per cent (range from 10.9 per cent in West Yukon to 19.4 per cent in Southeast Yukon)	9.5 per cent (range from 9.1 per cent in South Yukon to 13.4 per cent in West Yukon)
Substance Use Services	3.5 per cent (range from 2.5 per cent in Whitehorse to 14.1 per cent in Central Yukon)	2.3 per cent (range from 1.1 per cent in South Yukon to 6 per cent in Southeast Yukon)

Effects of COVID-19 were also seen in the number of people attending Community Health Centres across the territory. In Figure 38 there is a steep decline in the number of visits to Community Health Centres in the territory corresponding with the beginning of pandemic in March 2020.[19] Throughout 2020 and 2021, there are wide fluctuations on the number of health centre visits.[19] Some of these fluctuations may be attributed to COVID-19 outbreaks in certain communities, but the number of visits is also influenced by other factors including unintended consequences of COVID-19 including exacerbated mental health outcomes, chronic disease and other communicable disease[xxix].[19]

Figure 38: Number of visits to Community Health Centres by month, 2020 and 2021[19]



[xxix] From March 2020 onward, the COVID-19 pandemic reduced overall visits to Community Health Centres. It is likely in a normal year that there would have been more visits overall. This information only reflects what information was recorded by health care providers at Community Health Centres and does not reflect group visits, mass immunization clinics or education.

A check-in on substance use in Yukon

Since the 2015 Health Status Report, which focused on substance use in the territory, there have been major changes within Yukon and across the country. These include the legalization of cannabis, the increased use of vaping products, especially among youth, and the emergence of the drug poisoning crisis. Substances such as alcohol and tobacco continue to greatly impact Yukoners and our health and social systems, while an increasingly contaminated and unpredictable drug supply has intensified the health, social, and community harms Yukoners experience related to unregulated and illicit substances. These topics will receive in-depth examination in the sections below.

A recent report from Health Canada highlighted that most of the Canadian population use substances, and that the term 'people who use substances' is "a broad category that encompasses a wide range of situations and experiences."[44] Those experiences range across a spectrum, from good health with no risk factors and no requirement for substance use-related care, to substance-use disorders, significant related harms, and high needs for substance use-related care.[44] This same Health Canada report emphasizes the need for substance use strategies to recognize the varied ways people interact with substances, and address the different needs that arise from this range of experiences.[44]

Systemic social, historical, and political forces (including colonization, social inequity and racism) are drivers behind many substance use harms.[44] When substance use becomes problematic in an individual's life, it is often symptomatic of a larger public health and social problem, and frequently fuelled by the intersections of health and socioeconomic inequities, trauma, and social isolation.

Alcohol

Yukoners have exceptionally high rates of alcohol consumption. This leads to high rates of both short- and long-term harms from alcohol. Short-term health impacts associated with drinking alcohol can include injuries, violence, poisoning, higher-risk sexual behaviours and, for people who are pregnant, harm to fetal health.[45] Long-term health risks include increased likelihood of cancer, high blood pressure, heart disease, stroke, liver disease, learning and memory problems, mental health problems, weakened immune system and physical dependence on alcohol.[45] Alcohol use is also associated with social and community impacts, including negative impacts to family and community relationships, unemployment or diminished ability to participate in community activities, and family or community violence.[45]

Since the 2015 Health Status Report, little has changed in terms of consumption patterns and alcohol-related harms in the territory; if anything, some alcohol-harm indicators have worsened. There are many factors which play into high alcohol consumption rates in Yukon, including substance use culture, availability (location and hours of sale), marketing, and pricing and taxation.[46] Some alcohol harms can be addressed though health and safety messaging, health and social service availability, and enforcement. Yukon's alcohol policies are not designed to reduce health and social harms.[47,48] In comparison with implementation of best practice policies and interventions (evidence-based) for alcohol use in other Canadian jurisdictions, Yukon had the second-lowest score.[47,48] Based on this policy landscape, while the data presented in the section below is concerning, it may reflect the gap in Yukon's alcohol policies.

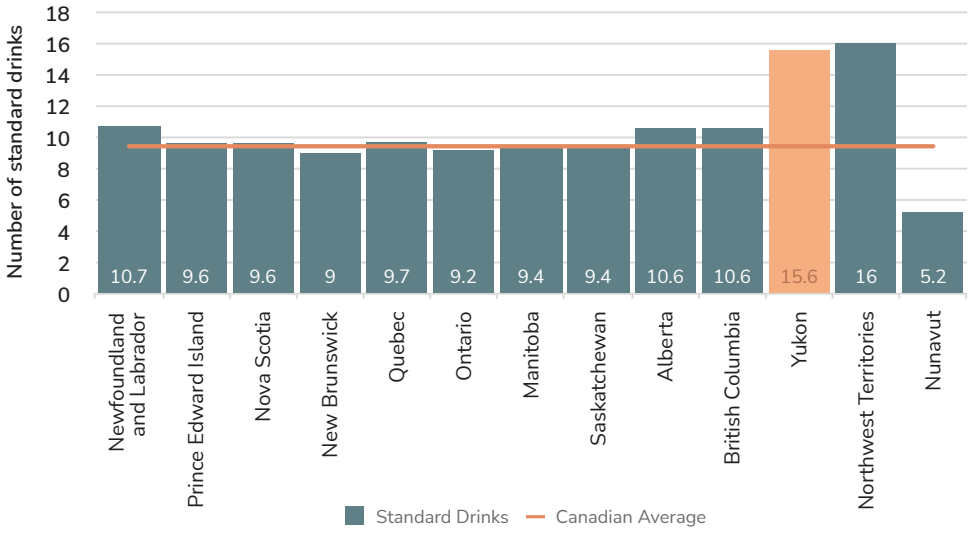
SALES

Alcohol sales in Yukon are the second highest in the country with an average of 15.6 drinks per week in sales per person over the legal drinking age (Figure 39). This is six drinks more than the national average of 9.7 drinks per week[xxx].[49]

This is equivalent to sales per capita of 13.3L of absolute alcohol in Yukon, the second highest in Canada in 2020–2021 (5L more than the Canadian average of 8.3)[xxxi, xxxii].[50]

Alcohol sales cannot be equated directly to consumption. Sales volumes only include sales as reported by the liquor authorities and their agencies, including sales by wineries, breweries and other outlets that operate under license from the liquor authorities.

Figure 39: Sale of standard drinks per week per person over the legal drinking age, 2020–2021 (number of standard drinks)[49]



Note: According to Health Canada guidelines, one standard drink is defined as a 341 mL (12 oz.) beer, cooler, or cider with 5% alcohol content, a 142 mL (5 oz.) glass of wine with 12% alcohol content, or a 43 mL (1.5 oz.) spirit drink with 40% alcohol.[49]

Note: Standard drinks per week per person have been calculated for each person over the legal drinking age in Canada. The legal drinking age is 19 years and older in every province and territory except Quebec, Manitoba and Alberta, where it is 18 years and older.[49]

xxx In 2011, the Canadian Centre on Substance Abuse released Canada's Low-Risk Alcohol Drinking Guidelines. These guidelines identify how much is too much; drinking more than 15 standard drinks a week for men or 10 a week for women with more than 3 drinks a day for men or 2 for women on most days increases the risk for long-term negative impacts on health.

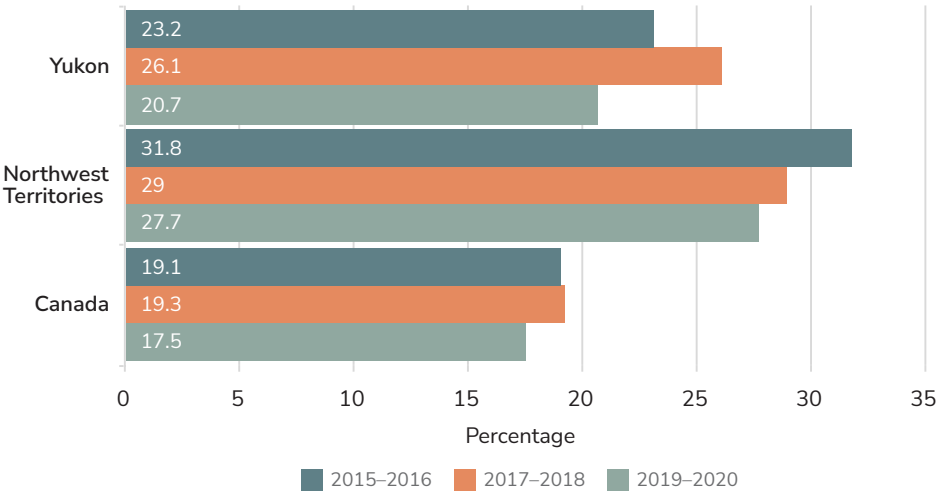
xxxi The value of sales of alcoholic beverages excludes all sales taxes, the value of returnable containers, and deposits. Absolute volume of sales of alcoholic beverages is calculated by multiplying the sales volume by the percentage of alcohol content for each product category.

xxxii Note: this value is presented as per capita which is different from the per person over the legal drinking age above. Per capita sales by value and volume are based on the population of inhabitants of 15 years of age and over. This allows this statistic to be compared with other countries, the Organization of Economic Co-operation and Development and the World Health Organization.

DRINKING BEHAVIOURS

While the sales data above does not directly relate to consumption patterns, it does offer a sense of the amount of alcohol that is being sold in the territory. The Canadian Community Health Survey tells us that heavy drinking in Yukon is significantly higher than the Canadian average. In 2019–2020, 17.5 per cent of Canadians reported heavy drinking at least once per month in the past year, while over a fifth (20.7 per cent) of Yukoners reported heavy drinking.[5] When compared to other northern regions, heavy drinking is less prevalent in Yukon than in the Northwest Territories (Figure 40). Between the years 2015–2016 and 2019–2020 the prevalence of heavy drinking in Yukon has fluctuated between 20.7 per cent and 26.1 per cent.[5]

Figure 40: Percentage of people who report heavy drinking in Yukon, Northern Health (BC), NWT and Canada, 2015–2016 to 2019–2020[5]

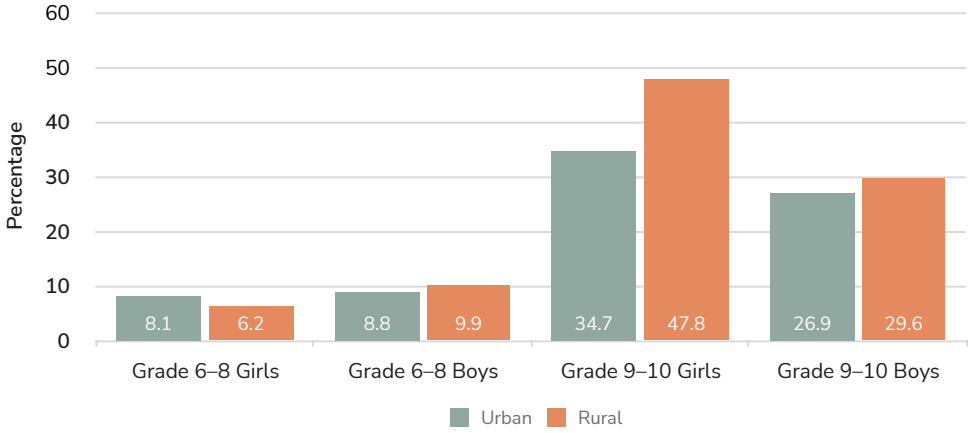


Note: Heavy drinking refers to males who reported having five or more drinks, or women who reported having four or more drinks, on one occasion, at least once a month in the past year.[5]

When youth in Yukon were asked about their alcohol consumption behaviours, more than one quarter of boys in Grades 9–10 reported consuming alcohol in the last 30 days.[18] Close to half of girls from rural communities in Grades 9 and 10 reported consuming alcohol in the last 30 days (Figure 41).[18]

Consumption of alcohol in the last 30 days was reported more frequently by children and youth living in rural communities than students living in Whitehorse, except for girls living in rural communities who were in Grades 6 to 8.[18]

Figure 41: Percentage of students reporting alcohol consumption in the last 30 days, by grade, urban/rural status and gender, Yukon, 2018[18]



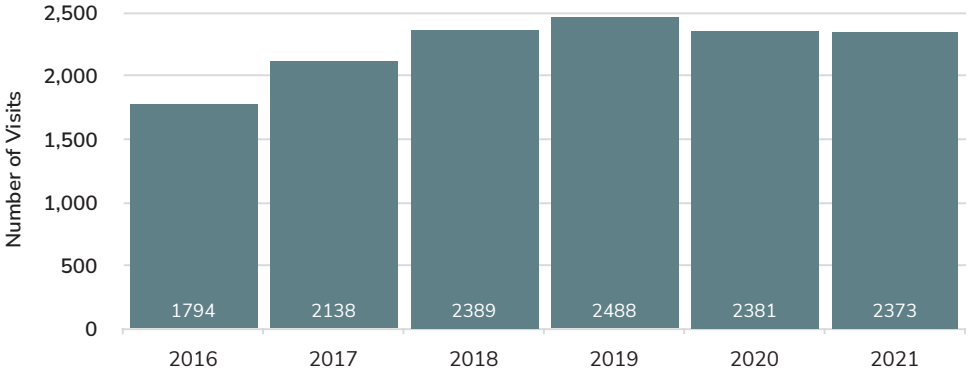
Note: this data does not have a Canadian average comparator.

Emergency Room Visits[40]

Alcohol contributes to many emergency department visits each year, more than any other type of legal or illicit substance. Between 2016 and 2021 there were approximately 13,500 emergency department visits made for reasons related to alcohol use (Figure 42).

- In 2021, there were 2373 emergency department visits made for reasons associated with alcohol. On average this means that there were over six emergency department visits for reasons related to alcohol per day in 2021.
- In 2021 there were 734 people who made these 2373 visits, which means many people visited the emergency room for reasons related to alcohol more than once this year. Of these people:
    - 41 per cent (299) were females, and 59 per cent (435) were males.
    - 17 per cent (124) were under the age of 25.

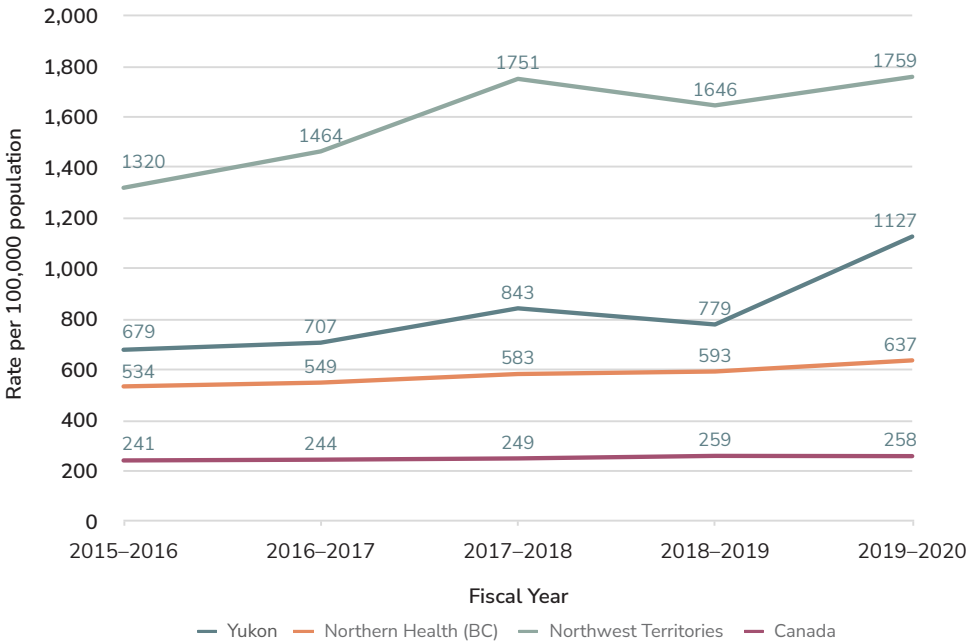
Figure 42: Number of emergency department visits associated with alcohol use, Yukon, 2016–2021[40]



Hospitalizations

Between the fiscal years of 2018–2019 and 2019–2020 hospitalizations that were caused primarily due to alcohol increased dramatically, from 779 hospitalizations per 100,000 population to 1,127 hospitalizations per 100,000 population.[51] This is over four times the Canadian average and is second only to the rate in the Northwest Territories for hospitalizations caused entirely by alcohol (Figure 43).[51]

Figure 43: Hospitalizations caused entirely by alcohol (age-standardized rate per 100,000 population), Yukon, Northern Health (BC), NWT and Canada, 2015–2016 to 2019–2020[51]

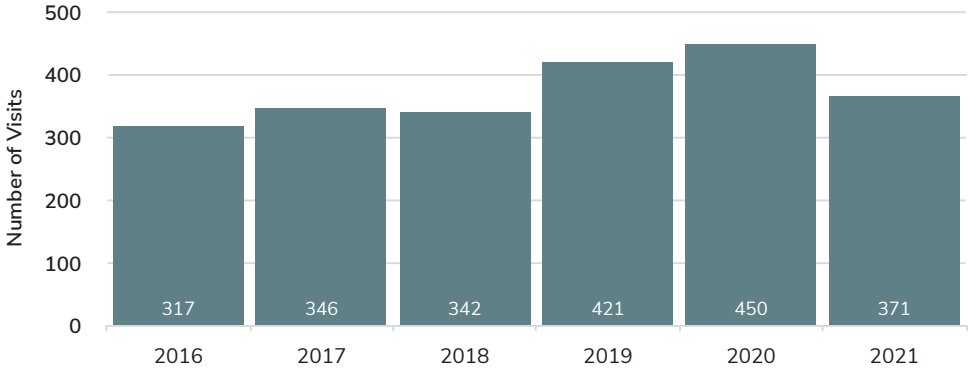


In Yukon, the rate of hospitalizations caused entirely by alcohol was higher for males (1457 per 100,000 population) than it was for females (790 hospitalizations per 100,000).[51]

Between 2016 and 2021 there were over 2200 hospitalizations made for reasons related to alcohol use (Figure 44).

- In 2021, there were 371 hospitalizations associated with alcohol use. On average, this means that there was more than one hospitalization per day for reasons related to alcohol.[41]
- In 2021 there were 245 people who were responsible for the 371 hospitalizations, which means many people were hospitalized for reasons related to alcohol more than once this year. Of these people:
  - 45 per cent (111) were females, 54 per cent (134) were males.
  - 11 per cent (26) were under the age of 25.[41]

Figure 44: Number of hospitalizations associated with alcohol use, Yukon, 2016–2021[41]



IMPACT OF COVID-19 ON ALCOHOL CONSUMPTION

Just six months into the COVID-19 pandemic, in the fall of 2020, almost one-third (31.9 per cent) of Yukoners reported that their alcohol consumption had increased while 13.1 per cent said that their alcohol consumption decreased.[24] People aged 15–34 were most likely to report that their consumption had increased and a higher percentage of females than males reported an increased alcohol consumption since the pandemic.[24]

Opioids

The opioid crisis in Yukon, and across Canada, is growing in its scope and devastation.

Yukoners are being poisoned and dying from contaminated drugs at an unprecedented rate. 71 Yukoners have died from opioid poisonings between 2016 and August 2022, with at least 10 additional Yukoners dying as the result of non-opioid drug poisonings.[52]

We can confirm twenty-four Yukoners died in 2021 from opioids, a record number. This is a 140 per cent increase since 2020 (10 deaths) and a 500 per cent increase since 2019 (4 deaths).[52] The situation across Yukon is critical: approximately a third of opioid poisoning deaths in the past six years occurred in 2021.[52] From 2016 to 2021, 81 per cent of opioid deaths occurred in Whitehorse, while 14 per cent occurred in communities.[52]

Yukon's rate of death due to drug poisoning has increased considerably since 2016; in 2021, Yukon had the highest age-adjusted rate of opioid poisoning deaths in the country (49.9 per 100,000 population).[53] This is more than double the Canadian average age standardized rate of 20.8 per 100,000 population (Figure 45).[53]

⚠ Poisoning vs. Overdose – What is the difference?

Although in the news an media we often see the word overdose, this word is being phased out. It is not medically accurate and can increase stigma related to drug use. "Overdose" frames the issue as the fault of the person who uses drugs, rather than a problem with the drugs themselves, which are often contaminated and dangerous no matter the amount consumed. In this report we will not be using the word overdose; instead we will be using poisoning.

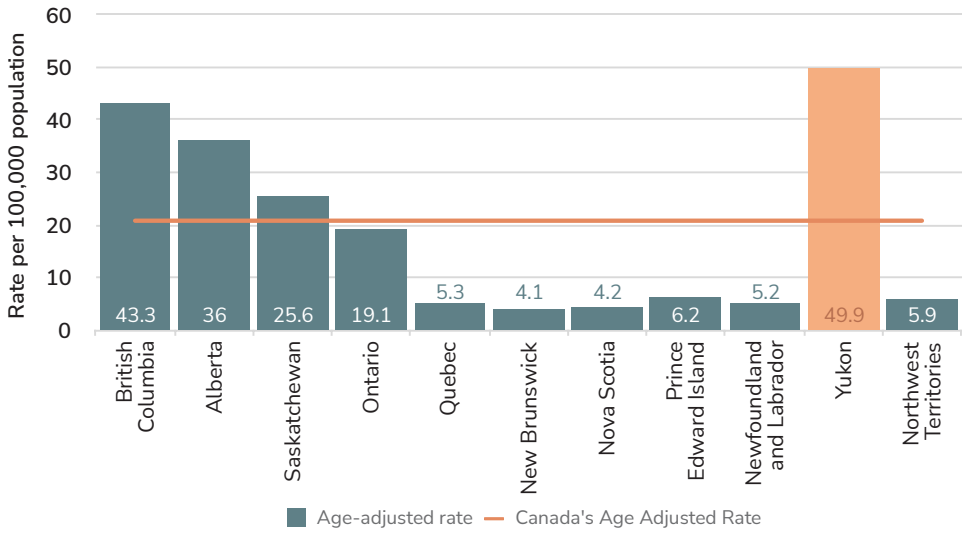
Stigma can make it harder for those who need it to access help and increases negative attitudes or behaviours towards people who use drugs.

⚠ What is the difference between poisoning and poisoning death?

A poisoning is a response that the body has when it has received too much of a substance. This can be intentional or accidental.

In the media when poisonings are reported, often they are referring to deaths from poisonings. Not all poisonings result in death.

Figure 45: Age-adjusted rate (per 100,000 population) of total apparent opioids poisoning deaths by province and territory in 2021[53]



Note: Data was not available for Manitoba and data was suppressed for Nunavut

In addition to the number of Yukoners who are dying, experiencing non-fatal poisonings can contribute to significant harmful health outcomes, such as brain injury due to lack of oxygen.

The coroner determined that 92 per cent of opioid poisoning deaths since 2016 were accidental[xxxvii].[52] This was related to the presence of a toxic and unpredictable illicit drug supply. One drug that is contributing to this is fentanyl; 86 per cent of the opioid poisoning deaths in Yukon involved fentanyl, a synthetic opioid that is 20 to 40 times more powerful than heroin, and 50 to 100 times more powerful than morphine.[52]

Yukon's drug supply is contaminated. Detailed data on Yukoners' intended illicit substance use is not available, and it is unclear whether individuals who were poisoned consumed opioids intentionally or unintentionally (e.g. whether their intended substance was contaminated with opioids). Based on urinalysis from Whitehorse General Hospital, we know there is a high prevalence of polysubstance use in the territory. Since 2016, nearly 20 per cent of poisonings (narcotics, hallucinogens, and/or benzodiazepines) included more than one substance.[54] Some of these substances may have been consumed on purpose, while in other cases, a person may not know that the drug they were taking also contained other substances.

The top three types of drug poisonings most commonly assessed in the hospital emergency department between 2016–2021 were for fentanyl, cocaine and benzodiazepines.[55] Urine drug tests from 2019–2021 at Whitehorse General Hospital showed that 68 per cent of fentanyl-positive tests also tested positive for cocaine, which means that people are either intentionally taking the two substances together, or the cocaine may be contaminated. In addition, nearly 26 per cent of fentanyl-positive tests also tested positive for benzodiazepines.[54] The combination of benzodiazepines and opioids increases the risk of poisoning and death because naloxone isn't effective against benzodiazepines, and a person experiencing a poisoning on both opioids and benzodiazepines may be harder to revive.

Between 2016 and 2021, there was a 333 per cent increase in emergency room visits related to opioid poisonings.[55] This crisis affects people of all ages and backgrounds, from young people to seniors, men and women.

From 2016 to 2021, opioid-related poisoning visits made up 64 per cent, of all emergency department visits from criminalized drugs (e.g. narcotics, hallucinogens, and/or benzodiazepines).[55] During the same time period, nearly 21 per cent of those who visited an emergency department for an opioid poisoning did so more than once.[55] Many people (31 per cent) experienced drug poisoning in a home, but another 54 per cent do not have a location specified, so this number could be much higher.[48]

[xxxvii] Current up to October 2021.

Yukon's Emergency Medical Services has seen a dramatic increase in calls for suspected opioid poisoning in Whitehorse, rising from 48 in 2019[xxxiii] to 133 in 2021 – a 177% increase in just one year.[55] In 2021, Yukon Hospital Corporation recorded at least 125 emergency room visits to Whitehorse General Hospital related to drug poisoning that year, with an average of 2.4 visits a week[xxxiv].[55]

Since 2016, Yukon has introduced or supports the delivery of a number of harm reduction services, including: opioid agonist therapy for Whitehorse-based clients, the Opioid Overdose Prevention position, Take Home Naloxone Program and harm reduction supplies/kits (inhalant and injection kits and supplies).

In addition, Yukon's Opioid Action Plan was initiated in 2018, and was established for a two-year period, ending in December 2020. At present, this Action Plan is being reviewed and modified to reflect the current situation in Yukon.[56] The territory does not have a Yukon-wide overarching strategy addressing problematic substance use and related harms.

In October 2021, a supervised consumption site opened in downtown Whitehorse, and the Government of Yukon recently announced that the Referred Care Clinic is able to offer safer supply[xxxv] services on a limited basis for Whitehorse-based clients.

Despite these harm reduction efforts, the contaminated and unpredictable illicit drug supply means that people are consuming substances they were not intending to consume, or in unexpected quantities and/or strengths. The contaminated drug supply, and the resulting poisonings, contributed to the Government of Yukon declaring a substance use health emergency on January 20, 2022.[56]

IMPACT OF COVID-19 ON ILLICIT DRUG CONSUMPTION

Just six months into the COVID-19 pandemic, in the fall of 2020, 7.7 per cent of Yukoners reported that their use of illicit drugs had increased while 4.5 per cent said that their consumption decreased.[24] People aged 15–34 were most likely to report that their consumption had increased and a higher percentage of males than females reported an increased illicit drug consumption since the pandemic.[24]

While not specific to opioids, 6.5 per cent of Yukoners reported increased misuse of prescription drugs, 3.4 decreased their misuse of prescription drugs. People who were 35–54 were more likely to report increased misuse of prescription drugs and females were more likely to report an increased misuse of prescription drugs.[24] Survey respondents did not specify which types of prescription drugs they were misusing. Depending on the type of drug this could be a risk factor for addiction later on.[24]

[xxxiii] EMS medical records became available electronically in 2019.

[xxxiv] This data source uses syndromic surveillance to flag possible opioid poisoning visits based on keywords; it's very sensitive, potentially picking up poisonings that may be classified as poisonings later.

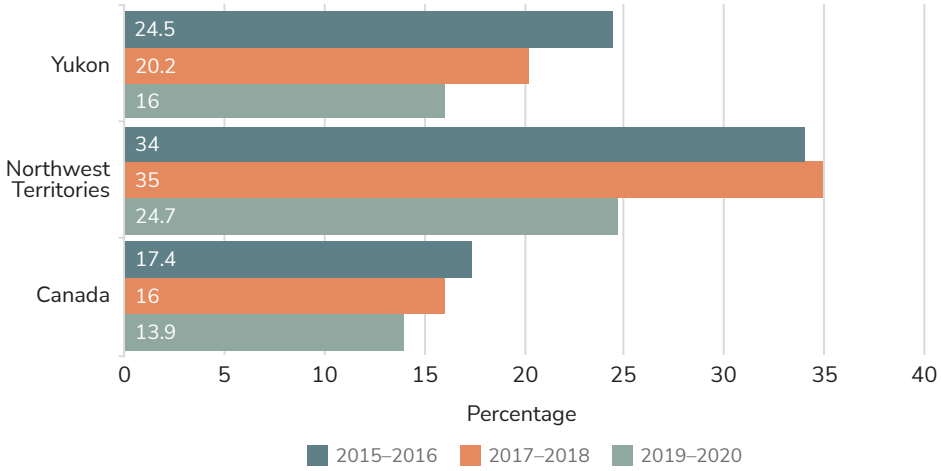
[xxxv] Safe supply, under the model currently available in Canada, refers to the provision of a physician-prescribed and pharmacy-dispensed pharmaceutical drug supply of known quantity and quality, as a safer option for adults who use illegal drugs and are at high risk of poisonings. Safer supply is considered distinct from other drug treatment programs but part of the harm reduction continuum, and can be offered in conjunction with other medical and psycho-social opioid treatment services.

Smoking and vaping

The use of tobacco products is the leading modifiable risk factor for disease and death in Canada.[57]

In Yukon, the use of cigarettes and tobacco products remains an issue despite decreasing self-reported smoking rates in recent years. In 2019–2020, 16 per cent of Yukoners report daily or occasional smoking.[5] This rate is higher than the Canadian average (13.9 per cent of Canadians smoke daily or occasionally). The Northwest Territories has a higher rate than Yukon, with 24.7 per cent of residents.[5] This shown in Figure 46 below.

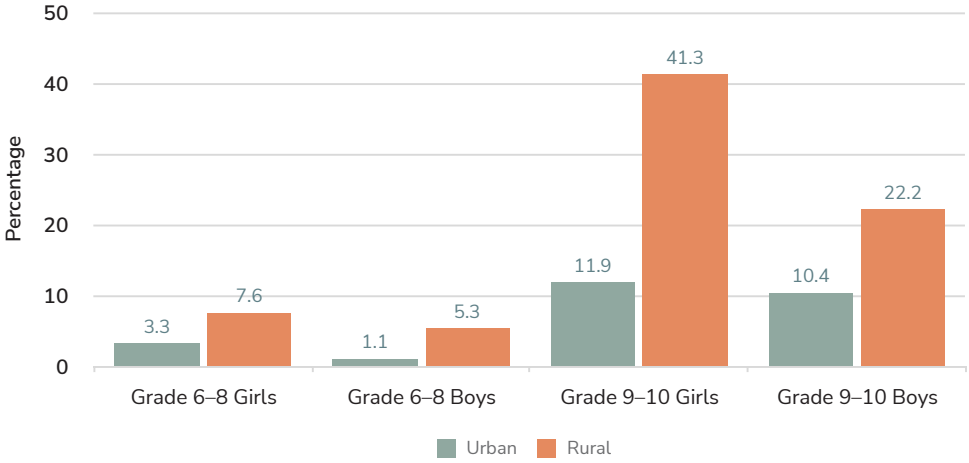
Figure 46: Percentage of daily or occasional smokers, Yukon, Northwest Territories and Canada, 2015–2016 to 2019–2020.[5]



Research indicates that the majority of lifetime smokers began smoking in their teens or pre-teens.[57] Preventing young people from accessing and utilizing tobacco products is important; delaying initiation of use of tobacco products or prevent uptake can have significant impacts on health and well-being.[57]

In Yukon, in the 2018 Health Behaviours of School-Aged Children Survey, many students reported smoking tobacco in the past 30 days. A higher percentage of students living in rural communities reported smoking tobacco in the past 30 days than students from Whitehorse.[18] Grade 9–10 girls in rural communities reported smoking tobacco in the past 30 days at 41.3 per cent, compared to 11.9 percent of female students in Whitehorse; for Grade 9–10 boys, 22.2 percent of boys in rural communities reported smoking tobacco in the past 30 days compared to 10.4 percent living in Whitehorse. While the percentage of students in Grades 6 to 8 who have smoked tobacco in the past 30 days is less in comparison(ranging from 1.1 percent to 7.6 percent), early initiation of smoking tobacco it is still reason for concern (Figure 47).[18]

Figure 47: Percentage of students reporting having smoked tobacco in the last 30 days, by grade, urban/rural status and gender, Yukon, 2018[18]



Note: this data does not have a Canadian average comparator.

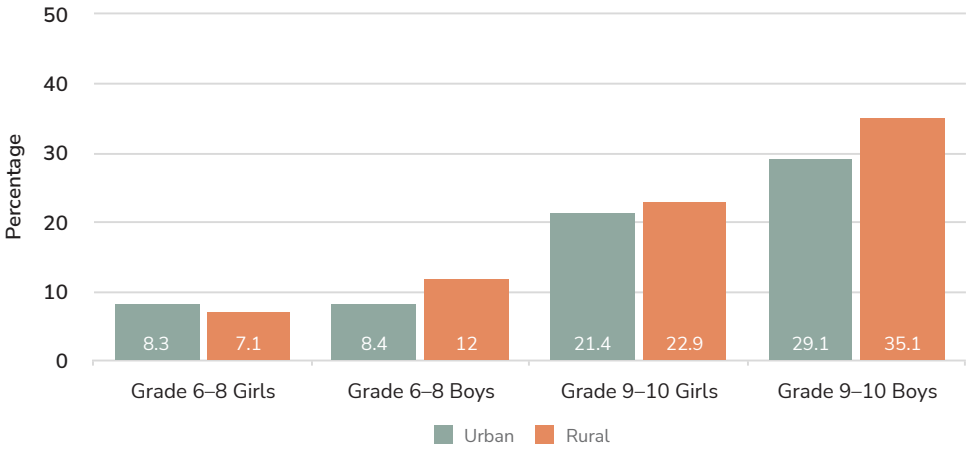
In the past several years, vaping and e-cigarette use has gained much attention in the media and across the country. Vaping was initially introduced to the market towards regular smokers, as a way to reduce exposure to harmful chemicals. Many vaping products contain nicotine, which is highly addictive and known to alter memory and concentration as well as alter brain development. For some adults who use tobacco products regularly, shifting to vaping can be a harm-reduction tool. Vaping products contain harmful chemicals, but a fraction of those found in tobacco smoke.

Vaping does not come without risks. Long-term effects of vaping are still unknown.[58] Throughout 2019 and part of 2020 there were investigations into e-cigarette, or vaping, product use-associated lung injury (EVALI).[59] In total there were 20 cases reported in Canada, 16 of which require admission into the hospital. There were no deaths from EVALI reported in Canada, however, the United States there have been deaths associated with EVALI reported.[59,60] No cases were reported in Yukon.

Quitting smoking is the best thing you can do to improve your health.

Vaping in recent years has gained in popularity among non-smokers, and in particular youth. In Yukon, in 2018, over one fifth of students in Grades 9 and 10 reported using an e-cigarette in the past 30 days.[18] Of note: 35.1 per cent of boys from rural Yukon communities and 29.1 per cent of boys from Whitehorse reported using an e-cigarette in the past 30 days (Figure 48)[xxxvi].[18]

Figure 48: Percentage of students reporting having used e-cigarettes in the last 30 days, by grade, urban/rural status and gender, Yukon, 2018[18]



Note: this survey did not ask students who reported vaping if they were using it as a way to stop smoking tobacco products.

Note: this data does not have a Canadian average comparator.

In Yukon there are programs for people who want support with smoking cessation; QuitPath is one of these programs. In 2020, Quitpath supported 404 clients, and in 2021 supported 374 with their goals of quitting smoking.[61]

IMPACT OF COVID-19 ON SMOKING AND VAPING

Six months into the COVID-19 pandemic, almost one-quarter (23.2 per cent) of Yukoners reported that they increased their smoking or vaping while 6.9 per cent said that their smoking/vaping consumption decreased.[24] People aged 15–34 were most likely to report that their consumption had increased and a higher percentage of females than males reported an increased smoking or vaping since the pandemic started.[24]

[xxxvi] Students were not asked if they were vaping products with nicotine. However, many vaping products contain nicotine so it is likely that at least some, if not the majority of students were being exposed to nicotine.

Cannabis

In 2018, cannabis was legalized in Canada, through the federal *Cannabis Act*.

The legislative purpose of the federal *Cannabis Act* is to: prevent youth from accessing and consuming cannabis, to establish licit production and quality-controlled supply of cannabis for adults, deter illicit activities related to cannabis, reduce the burden on the criminal justice system and to enhance public awareness of health risks associated with cannabis use.[62]

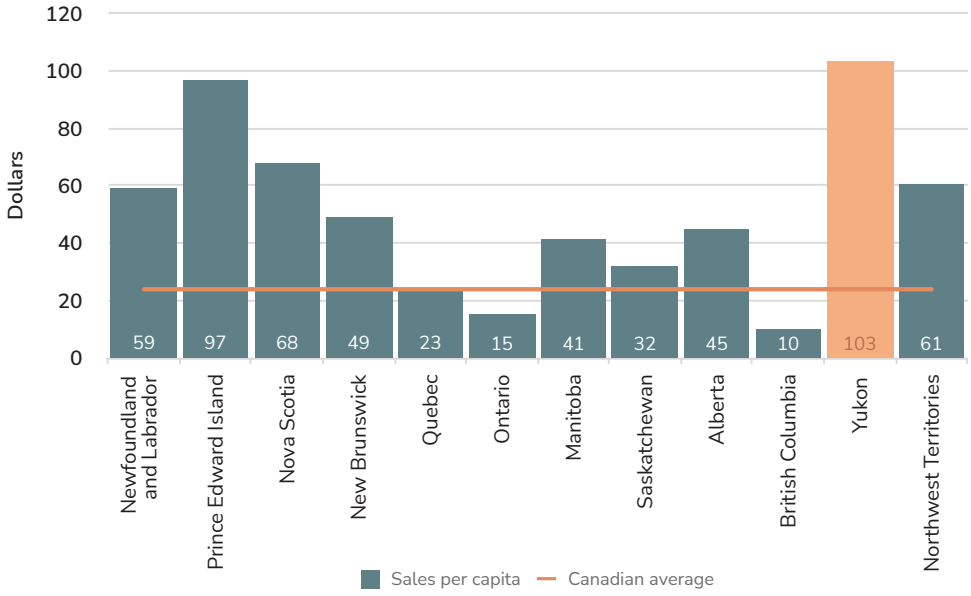
Viewed as a harm reduction approach, legalization of cannabis has been a positive step forward in controlling the distribution, content and pricing of cannabis while removing the criminal consequences of prohibition.

The legalization and regulation of cannabis marks a significant shift to the substance use landscape since the 2015 Health Status Report. This next section explores Yukon's experience with cannabis legalization since 2018.

SALES

In the first year of legalization (October 2018 to September 2019), Yukoners spent $4.2 million at cannabis stores in Yukon.[63] On a per capita basis, Yukon saw the highest sale of cannabis in Canada in the first year with $103 on average being spent on cannabis; this was more than four times the Canadian average (Figure 49).[63]

Figure 49: Total retail sales at cannabis stores, per capita, October 2018 to September 2019, Canada (dollars)[63]



Note: cannabis sales cannot be equated directly to consumption.

By July of 2019, Yukon had four cannabis stores and 31 per cent of Yukoners lived less than 10 km from a cannabis store. As of January 2022 there were five cannabis stores in Yukon, including two in rural Yukon (Dawson City and Carmacks).[64] While the initial cannabis store in Yukon was owned by the territorial government, all five stores are now privately owned and able to process online orders.[64]

In the 2020–21 fiscal year, Yukon's total cannabis sales (before GST) were just over $6 million.[65] This is an increase of more than $1 million in spending from 2020, where the total sales were $4.86 million.[65]

The majority of Yukon-based sales in 2021 were for cannabis flower (approximately 75 per cent).[65] The remaining sales were for cannabis extracts, edibles and other, and seeds.

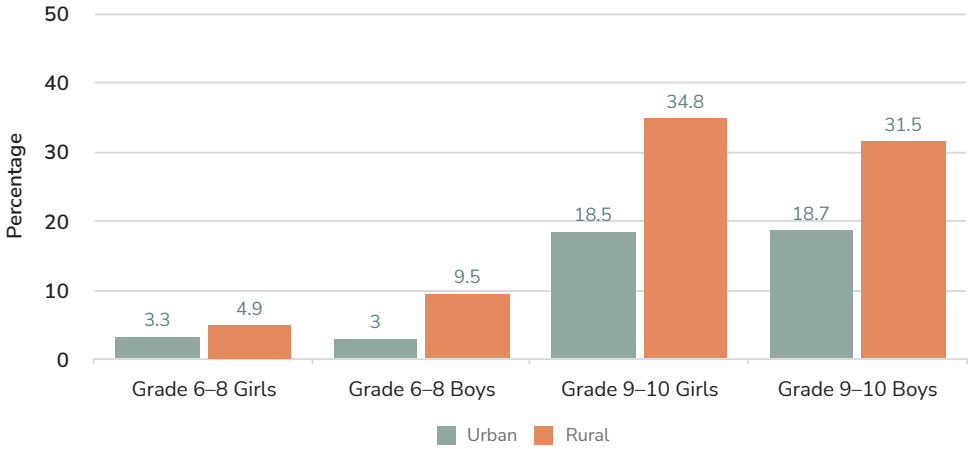
CONSUMPTION

The most recent estimates of rates of consumption of cannabis in Yukon population were prior to legalization. In 2015–2016, 20.6 per cent of adult Yukoners reported using cannabis in the past 12 months.[5] In 2018, approximately one-third of students living in rural Yukon in Grades 9 and 10 and almost one in five students living in Whitehorse had consumed cannabis in the past 30 days.[18]

As Yukon gathers consumption data in the post-legalization, it will be important to monitor and interpret changes in usage trends. It will be important to specifically monitor use by youth, as one overarching objectives of legalization is to "protect young persons and discourage their access to, and consumption of cannabis."[67] In addition, it will be beneficial to examine how other objectives within the legislative have or have not been achieved, such as enhancing public awareness of health risks associated with cannabis use.

As seen in Figure 50 below there is a large fraction of students that are using cannabis with consumption among students in rural communities higher than students from Whitehorse.[18]

Figure 50: Percentage of students reporting having used cannabis in the last 30 days, by grade, urban/rural status and gender, 2018[18]



CRIME AND CANNABIS

Through the *Cannabis Act*, one of the goals for legalizing cannabis to reduce the burden on the criminal justice system in relation to cannabis. In 2017 (prior to legalization) there were 59 incidents for possession of cannabis leading to 13 charges, as well as 17 incidents of trafficking, production or distribution of cannabis leading to 2 charges (Table IX).[39]

Table IX: Possession, trafficking, production and distribution crime incidents and rate per 100,000 population, Yukon and Canada, 2017[39]

	Yukon	Canada
Possession (number of incidents)	59	38,779
Possession (rate per 100,000)	148.73	106.11
Trafficking, production or distribution (number of incidents)	19	10,968
Trafficking, production or distribution (rate per 100,000)	47.90	30.01

Note: not all incidents lead to charges

In 2021, three years post legalization, there were 15 incidents of violations under the Cannabis Act leading to two charges.[39] The rate for incidents of Cannabis Act violations per 100,000 in Yukon in 2021 was similar to Canada with 34.90 and 35.36 per 100,000 respectively (Table X).[39]

Table X: Total *Cannabis Act* crime incidents and rate per 100,000 population, Yukon and Canada, 2021[39]

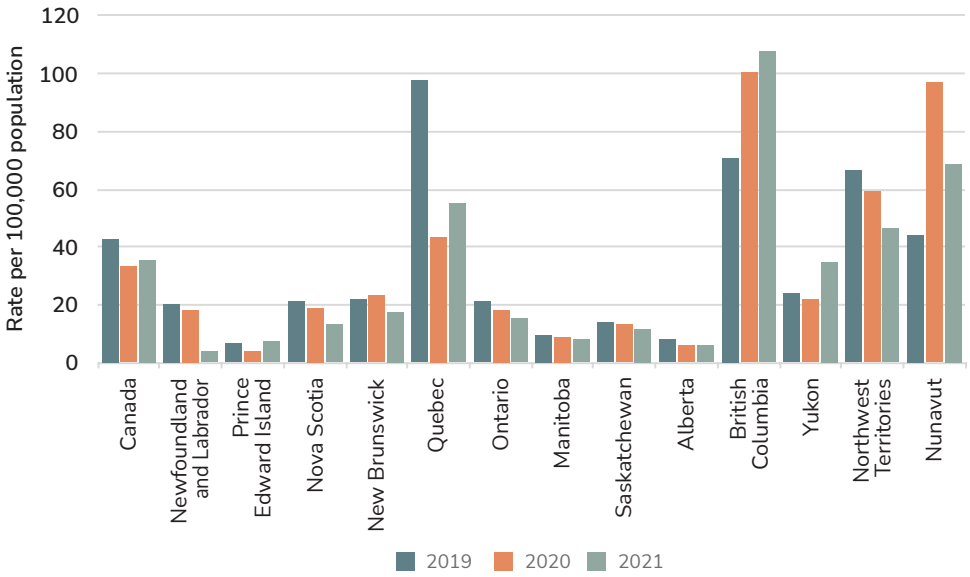
	Yukon	Canada
Total *Cannabis Act* (number of incidents)	15	13,525
Total *Cannabis Act* (rate per 100,000)	34.9	35.36

Note: not all incidents lead to charges.

Note: Total *Cannabis Act* includes: possession, distribution, sale, importation, exportation, production and other clauses under the act.

In Figure 51 rates of total Cannabis Act incidents are shown for each Canadian jurisdiction since legalization.

Figure 51: Rate per 100,000 of total *Cannabis Act* incidents since legalization, 2019, 2020, and 2021[39]

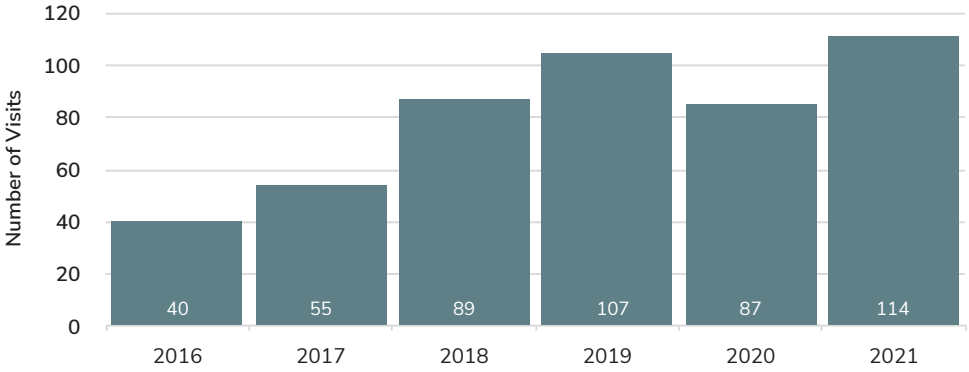


CANNABIS AND THE HEALTH SYSTEM

Emergency Room Visits (Figure 52)[40]

- In 2021, 114 emergency department visits were made for reasons associated with cannabis (including cannabis poisonings).
- Between 2016 and 2021, there were 452 different people who went to the emergency room for reasons related to cannabis use.
    - 41 per cent (185) of these people were females, 59 per cent (267) were males.
    - Over this same time period 42 per cent (190) of emergency department visits that include cannabis related diagnoses were for people under the age of 25.
- Since 2016 there have been 36 emergency department visits for cannabis poisonings, 15 of these visits occurred in 2020.

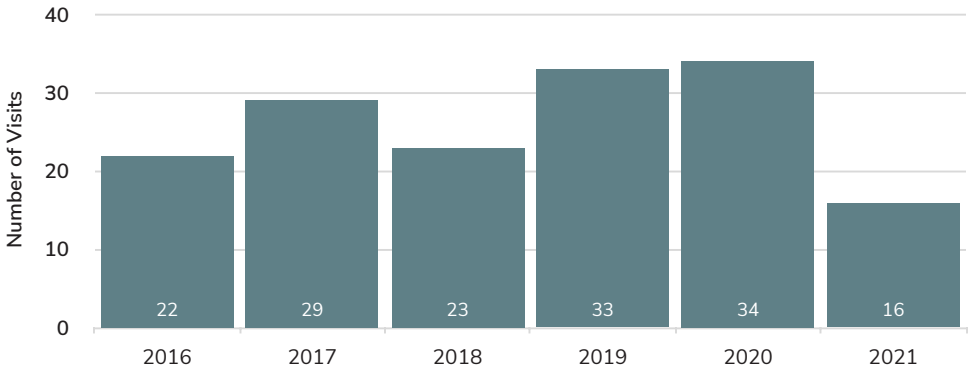
Figure 52: Number of emergency department visits associated with cannabis use (excluding poisonings), Yukon 2016–2021[40]



Hospitalization (Figure 53)[41]

- In 2021, there were 16 hospitalizations associated with cannabis use (excluding cannabis poisonings).
- Between 2016 and 2021, there were 141 different people hospitalized for reasons related to cannabis use.
    - 36 per cent (51) of these people were females, 64 per cent (90) were males.
    - Over this same time period 30 per cent (43) of hospitalizations that include cannabis related diagnoses were for people under the age of 25.
- Since 2016 there has been fewer than five hospitalizations for reasons associated with cannabis poisonings.

Figure 53: Number of hospitalizations associated with cannabis use (excluding poisonings), Yukon, 2016–2021[41]



IMPACT OF COVID-19 ON CANNABIS CONSUMPTION

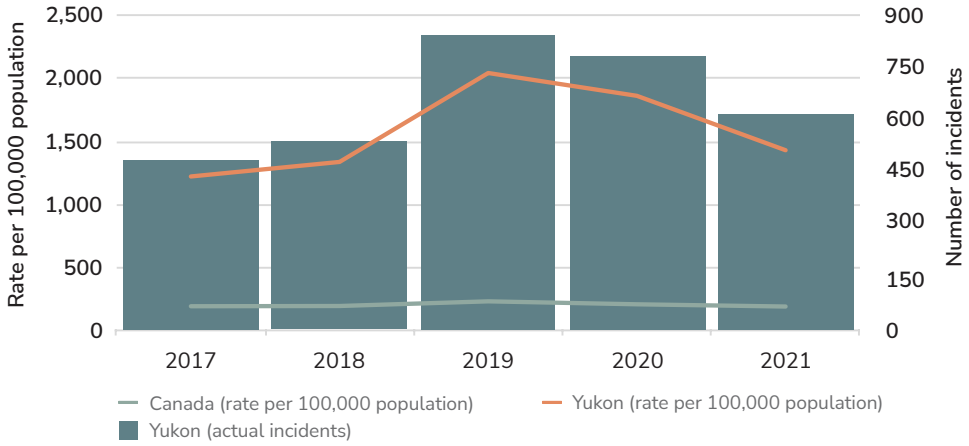
Six months into the COVID-19 pandemic, one-quarter (25.5 per cent) of Yukoners reported that their cannabis consumption had increased while 4.8 per cent said that their cannabis consumption decreased.[24] People aged 15–34 were most likely to report that their consumption had increased and a higher percentage of females than males reported an increased cannabis consumption since the pandemic.[24]

Substance use highlight: impaired driving

Impaired driving is a serious concern in Yukon. Each time that someone operates a vehicle impaired they are putting themselves and others at risk of injury or death. In 2021 there were 615 police reported incidents of impaired driving in the territory (Figure 54).[39] This is much higher than the number of police-reported impaired driving incidents than was seen in 2016, five years prior.[39] In comparison to the Canadian rate for impaired driving incidents, Yukon's rate was more than seven times higher in 2021 with 186.93 per 100,000 population and 1430.70 per 100,00 population respectively.[39]

When we look at which substances are primarily responsible in these incidents, most commonly alcohol is involved, occasionally with the presence of other drugs[xxxvii].[39] Much less commonly drug use alone is the reason for the impaired driving incident.[39]

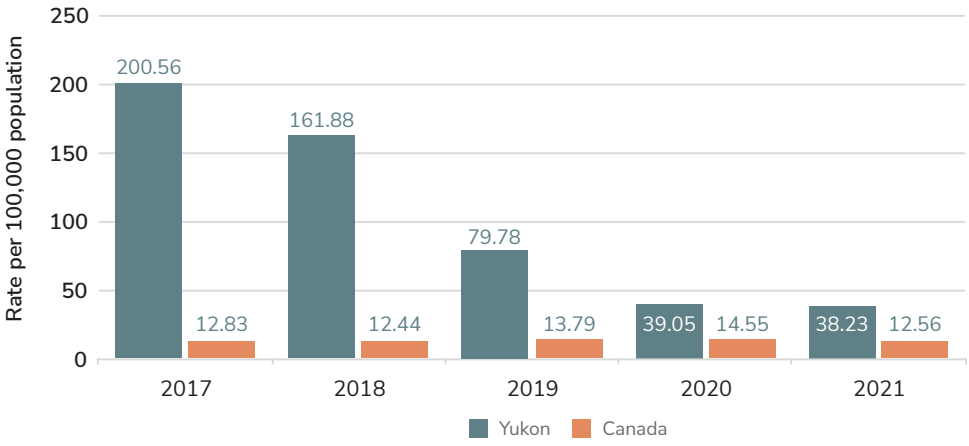
Figure 54: Rate and number of incidents of police-reported impaired driving (overall substances), Yukon and Canada, 2016–2020[39]



[xxxvii] The categories are broken down into 'alcohol' and 'drugs.' It is possible that the presence of drugs in the impaired driving incidents is underrepresented due to more challenging methods of roadside screening for drug use.

A similar trend is seen in youth aged 12–17 in Yukon. Despite decreasing rates in youth charged for impaired driving, the rate for impaired driving incidents are much higher for Yukon youth when compared to Canadian youth (Figure 55).[39]

Figure 55: Rate per 100,000 population of youth charged by for impaired driving, Yukon and Canada, 2017–2021[39]



Note: youth refers to people aged 12–17 years

Conclusion

The COVID-19 pandemic has affected Yukoners' health and well being far beyond the symptoms of the disease itself. It highlighted and worsened existing health concerns like substance misuse, and it has put further pressure on those who suffer with mental illness. It showed us that our systems have to be better prepared for our future needs. We need to find individual and collective ways to move through our learnings from the pandemic and to share those learnings for better systems and structures.

The data in this report depict a diverse population that is strong and resilient despite the health threats we face. It also highlights inequities and critical health emergencies including COVID-19 and substance use. There are also critical data gaps, most notably data about the health of First Nations, Inuit and Métis peoples, mental health and substance use, and longitudinal data on the impacts of the COVID-19 pandemic. We will not know the full effects of the pandemic for years to come, but this report begins to highlight several key immediate focus areas.

We suspect that delayed or postponed medical appointments and screening or surgeries for disease may influence the overall health and well-being of the population in the future. We can see that during the first six months of the pandemic, the mental health of many suffered and that this is attributable to being under the threat of a pandemic as well as the impacts of the measures to protect people from it.

Data also provides a glimpse into how the pandemic has exacerbated some of the Yukon's most challenging health issues and those affecting our most vulnerable populations, including substance use, mental illness, self harm, suicide and rural-urban disparities.

Through a time of great change and uncertainty, this report shows both the strengths we have drawn on, and the increasing threats to the health of Yukoners.

As we shift from the acute stage of the pandemic to managing the continued presence of COVID–19, we have the opportunity to pull together on these most pressing health issues by managing COVID–19 as one of several ongoing public health priorities. We can start by applying the lessons from the pandemic so far: that health equity underpins the health of our population and that our public health system relies on a robust workforce and the use of evidence, data and information about the health and wellbeing of Yukoners.

We can start by supporting the workforce while building on the processes we have developed for epidemiology that weaves together quantitative and qualitative data, and creating the systems needed to report on the health of Indigenous peoples in Yukon. This data is needed to set priorities and inform the larger health system from prevention through to treatment.

As a population, it is time to recover and regain health in its fullest sense—physical, mental, social and spiritual—and to build on the connections we have forged between health and all other aspects of society. Along with our passionate people and partners, we are ready to begin this recovery, to better address the most critical public health issues, and ultimately to grow a healthier Yukon for the future.

References

1. Yukon Bureau of Statistics. *Population report, Q1 2022*. Government of Yukon. 2021. https://yukon.ca/en/population-report-q1-2022

2. Government of Yukon. (2021). Population report, Q2 2021. https://yukon.ca/en/population-report-q2-2021

3. Statistics Canada. *Population estimates on July 1st*, by age and sex. 2021. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501

4. NWT Bureau of Statistics. *Quarterly population estimates*. 2021. https://www.statsnwt.ca/population/population-estimates/

5. Government of Canada. (2022). Health characteristics, two-year period estimates. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310011301.

6. Canadian Cancer Society. (2021). Canadian cancer statistics 2021.

7. Salter - Samantha. (2022). Panorama - custom pull.

8. Hanley B. (2019). Health status report 2018. https://yukon.ca/en/yukon-health-status-report-2018.

9. Kiely, M. & et al. (2021). COVID-19 pandemic impact on childhood vaccination coverage in Quebec, Canada. PubMed. https://pubmed.ncbi.nlm.nih.gov/34920686/.

10. Ji, C. & et al. (2022). Impact of the COVID-19 pandemic on routine immunization coverage in children under 2 years old in Ontario, Canada: A retrospective cohort study. PubMed. https://pubmed.ncbi.nlm.nih.gov/35164987/.

11. Piche-Renaud, P. & et al. (2021). Impact of the COVID-19 pandemic on the provision of routine childhood immunizations in Ontario, Canada. https://www.sciencedirect.com/science/article/pii/S0264410X21007027.

12. Shet, A. & et al. (2021). Impact of the SARS-CoV-2 pandemic on routine immunisation services: Evidence of disruption and recovery from 170 countries and territories. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00512-X/fulltext.

13. Tam T. (2021). A vision to transform Canada's public health system.

14. Government of Yukon. (2022). COVID-19 dashboard - Yukon. https://covid-19-data-dashboard.service.yukon.ca/pages/cases.

15. Government of Canada. (2022). COVID-19: Outbreak update . https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html.

16. Canadian Institutes for Health Information. (2021). Injury and trauma emergency department and hospitalization statistics, 2010–2021.

17. Canadian Institutes for Health Information. (2021). Injury hospitalization.

18. Lambe, L., McIver, T., Kim, S., Mayne, K., Craig, W., &King, M. (2019). Health and health-related behaviours among young people in Yukon. Queen's University.

19. Salter S. (2022). DASH - custom pull.

20. Government of Canada. (2018). Health behaviour in school-aged children. https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/school-health/health-behaviour-school-aged-children.html.

21. Salter S. (2022). Canadian health survey on children and youth - custom pull.

22. Canadian Association for Mental Health. (2019). Depression: Screening and assessment.

23. Craig, W., Fynn-Saskey, N., Gustafsson, A, Pickett, W., & King, M. (2020) Health and health-related behaviours among young people: Yukon to Canada comparison.

24. Maritim C. (2021). Canadian index of wellbeing - custom pull.

25. Canadian Institute for Health Information. (2021). Repeat hospital stays for mental illness details for Yukon. https://yourhealthsystem.cihi.ca.

26. Canadian Institutes for Health Information. (2021) Frequent emergency room visits for help with mental health and/or addictions. https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en&_ga=2.196961835.622560411.1636493463-2126952598.1635978512#!/indicators/078/frequent-emergency-room-visits-for-help-with-mental-health-and-or-addictions/;mapC1;mapLevel2;/.

27. Canadian Institutes for Health Information. (2020). Hospital mental health database: Data and indicator results.

28. Canadian Institute for Health Information. (2022). Care for children and youth with mental disorders. https://www.cihi.ca/en/access-data-and-reports.

29. Maritim C. (2021). Coroner database -custom pull.

30. Statistics Canada. (2022). Leading causes of death, total population (age standardization using 2011 population). https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310080101.

31. National Alliance on Mental Illness. (2021). Self harm.

32. Canadian Mental Health Association - British Columbia Division. (2021). Self-harm.

33. Canadian Institutes for Health Information. (2020). Self-harm hospitalizations (per 100,000).

34. Government of Canada. (2021). Canada's food guide.

35. World Health Organization. Chapter 6, sexual violence. World report on violence and health. https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf.

36. Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. The lancet. 2002(360(9339), 1083-1088).

37. Perreault S. (2018). Gender-based violence: Unwanted sexual behaviours in Canada's territories. Juristat. 2020(85-002). https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00008-eng.htm.

38. Paletta A. (2008). Understanding family violence and sexual assault in the territories, First Nations, Inuit and Metis peoples. Department of Justice Canada.

39. Statistics Canada. (2022). Incident-based crime statistics, by detailed violations, Canada, provinces, territories and census metropolitan areas. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510017701.

40. Mills J. (2022). Custom tabulation: National ambulatory care reporting system.

41. Mills J. (2022). Custom tabulation: Discharge abstract database.

42. Canadian Institutes for Health Information. (2021). Ambulatory care sensitive conditions.

43. Grant H. (2022).Find a family doctor - custom pull.

44. Government of Canada. (2021). Report 2: Recommendations on the federal government's drug policy as articulated in a draft Canadian drugs and substances strategy (CDSS). https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html.

45. Centers for Disease Control and Prevention. (2021). Alcohol use and your health.

46. Chow, C., Vallance, K., Wettlaufer, A., Stockwell, T., Giesbrecht, N., April, N., Asbridge, M., Callaghan, R., Cukier, S., Davis-MacNevin, P., Dube, M., Hynes, G., Mann, R., Solomon, R., Thomas, G., Thompson, K. (2019).

Canadian alcohol policy evaluation.

47. Chow, C., Vallance, K., Wettlaufer, A., Stockwell, T., Giesbrecht, N., April, N., Asbridge, M., Callaghan, R., Cukier, S., Davis-MacNevin, P., Dube, M., Hynes, G., Mann, R., Solomon, R., Thomas, G., Thompson, K. (2019). Reducing alcohol-related harms and costs in Yukon: A policy review. Canadian Institute for Substance Use Research; University of Victoria.

48. Stockwell, T. (2019). Strategies to reduce alcohol-related harms and costs in Canada: A review of provincial and territorial policies.

49. Government of Canada. (2022). Sale of standard drinks per week per person of legal drinking age, 2020/2021.

50. Statistics Canada. (2022). Sales of alcoholic beverages types by liquor authorities and other retail outlets, by value, volume, and absolute volume.

51. Canadian Institutes for Health Information. (2021). Hospitalizations entirely caused by alcohol details for Yukon. https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/indicator/061/2/C99003/.

52. Sohn J. (2022). Coroner database - custom pull.

53. Government of Canada. (2022). Opioid- and stimulant-related harms in Canada. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/maps.

54. Sohn J. (2022). Meditech - custom pull.

55. Sohn J. (2022). Custom tabulation: National ambulatory care reporting system.

56. Government of Yukon. (2022). Substance use health emergency declared in the Yukon.

57. Canadian Cancer Society. (2022). Tobacco control. https://cancer.ca/en/get-involved/advocacy/what-we-are-doing/tobacco-control.

58. Government of Canada. Risks of vaping. (2020). https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html.

59. Government of Canada. Vaping-associated lung illness. (2020)Vaping-associated lung illness.

60. Centers for Disease Control and Prevention. (2021). Outbreak of lung injury associated with the use of E-cigarette, or vaping, products. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html.

61. Lin L. (2022). Quitpath dashboard - custom pull.

62. Government of Canada. (2021). What you need to know about cannabis.

https://www.canada.ca/en/services/health/campaigns/cannabis/canadians.html.

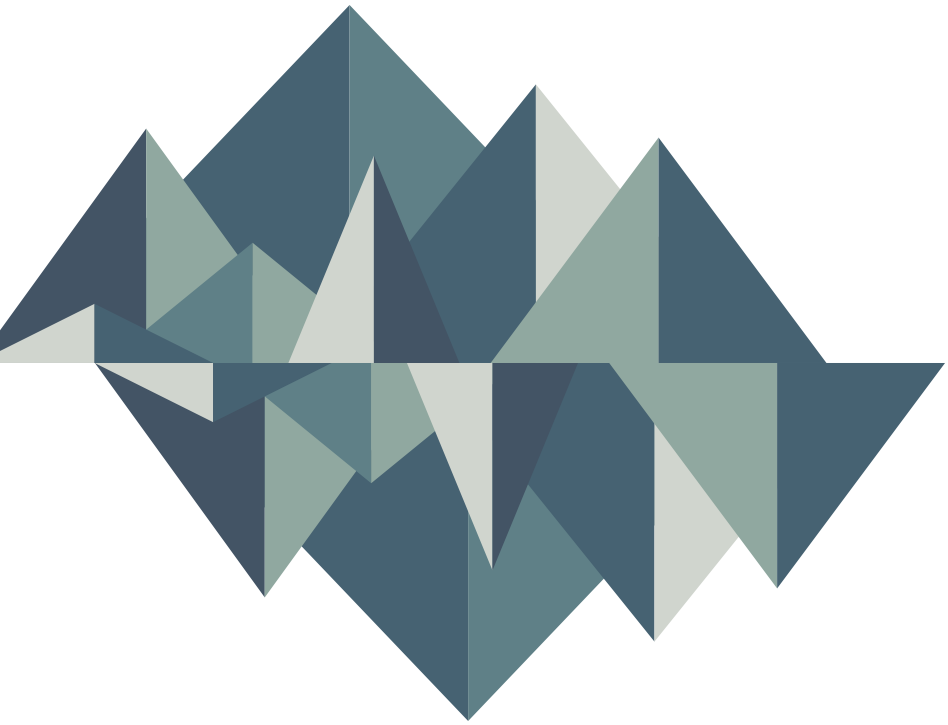
63. Statistics Canada. (2019) The retail cannabis market in Canada: A portrait of the first year. https://www150.statcan.gc.ca/n1/pub/11-621-m/11-621-m2019005-eng.htm.

64. Cannabis Yukon. (2022). Store locations. https://cannabisyukon.org/store-locations.

65. Government of Yukon. (2021) Cannabis Yukon annual report - April 1, 2020 to March 31, 2021.

66. Government of Yukon. (2020) Cannabis Yukon annual report - April 1, 2019 to March 31, 2020.

67. Government of Yukon - Legislative Counsel Office. (2019) Cannabis control and regulation act.



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