

OPIOID USE, RELATED HARMS, AND ACCESS TO TREATMENT AMONG FIRST NATIONS IN ONTARIO, 2013-2019



Contains content that may trigger unpleasant feelings or thoughts. If you need emotional support, please contact:

- The First Nations and Inuit Hope for Wellness Help Line at 1-855-242-3310 or connect to the online chat at hopeforwellness.ca
Service languages: Ojibway, Cree, Inuktitut, English, French
- Your local nursing station, health centre, local mental health program, or an Elder



The rate of prescription opioid use for pain decreased between 2013 and 2019

20% decrease among
First Nations people



23% decrease among
non-First Nations people

First Nations

In 2019

Non-First Nations

11.9% were prescribed an opioid

 **Opioid use**

9.3% were prescribed an opioid

6.1% were newly prescribed an opioid

 **New opioid use**

5.7% were newly prescribed an opioid

9.2% of opioid recipients were prescribed a high daily dose



High daily dose opioid prescribing
(≥ 90 MME)

8.1% of opioid recipients were prescribed a high daily dose

14.0% of opioid recipients were also prescribed a benzodiazepine



Combined use of opioids & benzodiazepines

13.5% of opioid recipients were also prescribed a benzodiazepine

Among First Nations people in 2019:



Opioid use was higher among **females** compared to males



Opioid use increased with age & was highest among those **65+**



Opioid use was slightly higher among First Nations living **outside of First Nations communities** compared to those living within community



The rate of opioid agonist therapy (OAT) use increased between 2013 and 2019

OAT is used to treat opioid use disorders, and includes methadone and buprenorphine/naloxone (also known by brand name Suboxone)

47% increase among First Nations people



24% increase among non-First Nations people

The use of **methadone decreased** by **6%** among **First Nations** people, while **buprenorphine/naloxone** use **increased** by **180%**

First Nations

In 2019

Non-First Nations

5.3% were prescribed OAT



Overall OAT recipients

0.5% were prescribed OAT

2.2% were newly prescribed OAT



New OAT recipients

0.2% were newly prescribed OAT

2.5% were prescribed methadone



Methadone use

0.3% were prescribed methadone

3.1% were prescribed buprenorphine/naloxone



Buprenorphine /Naloxone use

0.2% were prescribed buprenorphine/naloxone

Among First Nations people in 2019:



The rate of OAT use was slightly higher among **females** compared to males



Most OAT recipients were between the ages of **25 and 44**



OAT use was higher among First Nations living **within First Nations communities** compared to those living outside of community



Hospital visits for opioid-related poisoning have increased between 2009 and 2019*

411% increase among **First Nations** people



164% increase among **non-First Nations** people

First Nations

In 2019

Non-First Nations

The rate of hospital visits for opioid-related poisoning was **42.7 per 10,000 people**



Opioid-related poisonings

The rate of hospital visits for opioid-related poisoning was **6.2 per 10,000 people**

The rate of hospital visits for opioid-related poisonings was approximately

7 times higher

among First Nations people compared to non-First Nations people

Among First Nations people in 2019:



Hospital visits for Opioid-related poisoning occurred at a higher rate among **males** compared to females



Rates of hospital visits for opioid-related poisonings were highest among those between the ages of **25 and 44**



Rates of hospital visits for opioid-related poisonings were higher among First Nations living **outside of First Nations communities** compared to those living within community

*Note this data includes opioid-related poisonings from all sources of opioids (both prescribed and non-prescribed opioids)

This infographic provides a high-level overview of the findings of the report. The complete methods and results are available at <http://chiefs-of-ontario.org/priorities/health/research/>.



Deaths due to opioid-related poisoning have rapidly increased among First Nations people between 2009 and 2019*

230% increase among **First Nations** people



126% increase among **non-First Nations** people

These increases have been driven by the increased involvement of fentanyl in deaths due to opioid-related poisoning, which was detected in **73.2% of deaths among First Nations** in 2019 and **76.4% of deaths among non-First Nations** in 2019.

First Nations

In 2019

Non-First Nations

Occurred at a rate of **3.6 per 10,000 people**

Deaths due to opioid-related poisoning

Occurred at a rate of **0.9 per 10,000 people**

The rate of deaths due to opioid-related poisoning was approximately

4 times higher

among First Nations people compared to non-First Nations people

Other substances detected

Detected in **49.3%** of deaths due to opioid-related poisoning

Stimulants

Detected in **30.8%** of deaths due to opioid-related poisoning

Detected in **49.3%** of deaths due to opioid-related poisoning

Alcohol

Detected in **31.3%** of deaths due to opioid-related poisoning

Detected in **22.5%** of deaths due to opioid-related poisoning

Benzodiazepines

Detected in **33.2%** of deaths due to opioid-related poisoning

Among First Nations people in 2019:



Opioid-related deaths occurred at a higher rate among **males** compared to females



Rates of opioid-related deaths were highest among those between the ages of **25 and 44**



Rates of opioid-related deaths were higher among First Nations living **outside of First Nations communities** compared to those living within community

*Note this data includes opioid-related poisonings from all sources of opioids (both prescribed and non-prescribed opioids)

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Chiefs of Ontario and Ontario Drug Policy Research Network. *Opioid Use, Related Harms, and Access to Treatment Among First Nations in Ontario, 2013-2019*. Toronto, ON: Chiefs of Ontario; 2021.