ODPRN
Ontario Drug Policy Research Network

Ontario Opioid Drug Observatory

December 13, 2021

On December 8, 2021, the Ontario Drug Policy Research Network (ODPRN) held a consultation webinar to establish the utility of current and new indicators in the Ontario Opioid Monitoring Tool. During the webinar, there were a number of commonly asked questions. The purpose of this document is to outline answers to those questions.

1. **Is it possible to include race-based data in the tool?**
   The data used in the tool is sourced from the administrative and demographic databases held at ICES. While ICES is currently working with various stakeholders to develop a framework for the collection and use of race and ethnicity data in ICES projects, race-based data is currently not available in ICES' databases.

2. **Is it possible to include gender-based data (rather than sex-based) in the tool?**
   The Registered Persons Database, which is held at ICES and is used to derive demographic characteristics, currently only captures data on sex rather than gender. Therefore, we are unable to include gender-based data in the tool at this time.

3. **Is it possible to include data on socioeconomic status in the tool?**
   While ICES does capture data on socioeconomic status at the neighbourhood-level (e.g., neighbourhood income quintile, as well as neighbourhood-level indices of socioeconomic status through the Ontario Marginalization Index), stratifying our indicators by socioeconomic status would be complex, and may not be highly beneficial at the provincial level. However, we regularly support several Applied Health Research Questions (AHRQs) in a given year. If you are interested in obtaining data on a specific indicator stratified by socioeconomic status through the AHRQ process, please reach out to us at info@odprn.ca.

4. **How do you determine the indication of the opioid prescribed (i.e., pain, cough, or opioid agonist therapy)?**

   We work with pharmacists and physicians to help identify the indication of each specific opioid drug marketed in Ontario. Specifically, we use drug identification numbers (DINs) and product identification numbers (PINs) to distinguish between opioids indicated for pain and those used for other indications. In the current tool, opioids indicated to treat cough were defined as those used in combination products (liquid formulations) for cough suppression. Opioids indicated for the treatment of opioid use disorder (i.e., those used as opioid agonist treatment) were defined as any buprenorphine-naloxone combination product, as well as methadone products with a specific product identification number meant for opioid agonist treatment. All other opioids (except Probuphine and Sublocade, which are not currently captured in the tool) were classified as being indicated for the treatment of pain.

   As part of the revamping of the Ontario Opioid Monitoring Tool, we will be broadening our definition of opioid agonist treatment to include Probuphine, Sublocade, and slow-release oral morphine (i.e., Kadian® – we will look for dispensing patterns that suggest use for opioid agonist treatment as opposed to pain).

5. **Are all pharmacies captured in the databases used to extract prescriptions for opioids (Narcotics Monitoring System) and pharmacy-dispensed naloxone kits (Ontario Drug Benefit Claims Database)?**

   Both databases capture prescriptions dispensed from **community pharmacies** (i.e., those serving people outside of hospitals or correctional institutions) in Ontario. Prescriptions dispensed to people in long-term care **are** captured by these databases. However, prescriptions dispensed to people who are inpatients in public hospitals and to people in correctional institutions **are not** captured. In addition, naloxone kits distributed by public health units are not captured in the Ontario Drug Benefit Claims Database, as they are not dispensed from pharmacies.

6. **Is it possible to stratify data by Ontario Health Team?**
   We are currently exploring the feasibility of stratifying the indicators by Ontario Health Team. If we are able to leverage data at ICES to identify Ontario Health Teams, we will aim to incorporate this stratification in late 2022 or early 2023.

7. **Can you include data on safer opioid supply prescribing in the tool?**
   We recently finalized a study in which we developed an algorithm to identify people receiving immediate release hydromorphone as part of a safer opioid supply program using the administrative data we have available to us at ICES. We are also currently close to finalizing another study in which we evaluate health outcomes (e.g., emergency department visits, hospitalizations, infections, health care costs) among people receiving a safer opioid supply compared to similar individuals not receiving safe supply. These studies will be released in 2022, and will provide preliminary insight into safer opioid supply prescribing in Ontario. Join our mailing list to get notified when these studies are released.

   Through our research on safer opioid supply prescribing, we have found that the number of individuals receiving safe supply in Ontario is relatively low, which could limit our ability to meaningfully display this data in our tool, particularly when stratifying these data by public health unit (in order to minimize risk of re-identification, ICES prohibits the presence of counts less than 6 in any output or report). However, in order to provide knowledge users with the urgently needed data on uptake of safe supply across Ontario, we are planning to develop a public report focused on the uptake of safer opioid supply prescribing in the summer or fall of 2022. Thereafter, as uptake of safer opioid supply prescribing increases, we will add this as an indicator to the tool.

If you have any other questions, check out the technical appendix for our tool, which provides detailed information on data sources, indicator definitions, and methodological notes. Please also feel free to reach out to us via email with any other questions or suggestions!