



Opioid Prescribing in Canada: How Are Practices Changing?



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Background

1 in 5 adults in Canada experience chronic pain. Opioids, when prescribed and used appropriately, are effective in managing pain. However, inappropriate use of opioids can lead to serious harms such as addiction, poisoning and death. This analysis examines trends in opioid prescribing, with a focus on people who are starting opioids as well as on people who are prescribed opioids on a long-term basis.

Methodology

This analysis presents trends in opioid prescribing in Ontario, Saskatchewan and British Columbia from 2013 to 2018, and in Manitoba from 2016 to 2018. Data from 2 sources is used: the National Prescription Drug Utilization Information System (NPDUIS) at the Canadian Institute for Health Information (CIHI) and Ontario's Narcotics Monitoring System (NMS). These sources provide data on all opioids dispensed in community pharmacies in Ontario, Manitoba, Saskatchewan and B.C., and exclude opioids dispensed in hospitals.

Definitions

Person starting opioid therapy:

A person who had a claim for a prescribed opioid without having a prescription claim for a prescribed opioid in the previous 365 days

Person on long-term opioid therapy:

A person who had 90 days' supply for any prescribed opioid drug in a 100-day time period

Findings

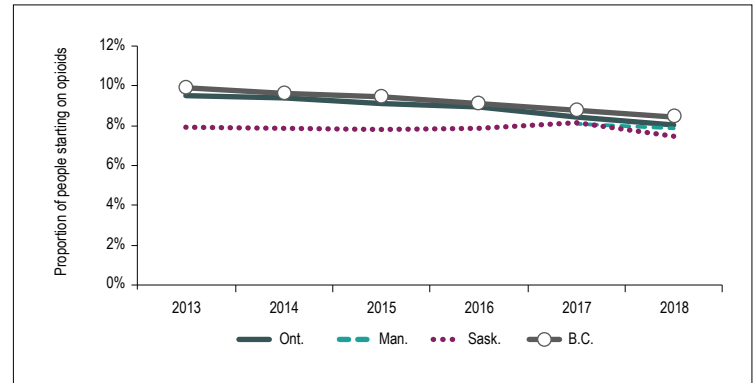
Fewer people are being prescribed opioids. The proportion of people prescribed opioids decreased from 14.3% in 2013 to 12.3% in 2018. This represents an 8.0% decrease in the number of people taking opioids during the study period.

Overall, the proportion of people starting opioid therapy decreased from 9.5% in 2013 to 8.1% in 2018. This represents a 9.6% decrease in the number of people who started on opioids during the study period (Figure 1). Rates declined for both women and men as well as across all age groups.

Fewer people are being prescribed opioids on a long-term basis, with a decrease from 19.8% in 2013 to 17.6% in 2018 (Figure 2). In addition, people on long-term opioid therapy are being prescribed smaller doses. Those prescribed less than 50 morphine milligram equivalents (MMEs) daily increased from 72.1% to 76.3%. Of those who were taking 90 MMEs daily or more, the proportion who tapered to a dose less than 90 MMEs daily increased from 16.6% in 2013 to 25.7% in 2017.

The proportion of people on long-term opioids who stopped therapy for at least 6 months increased from 18.3% in 2013 to 20.4% in 2017. However, approximately two-thirds of people on long-term therapy who stopped for at least 6 months started an opioid again in the following year (Figure 3).

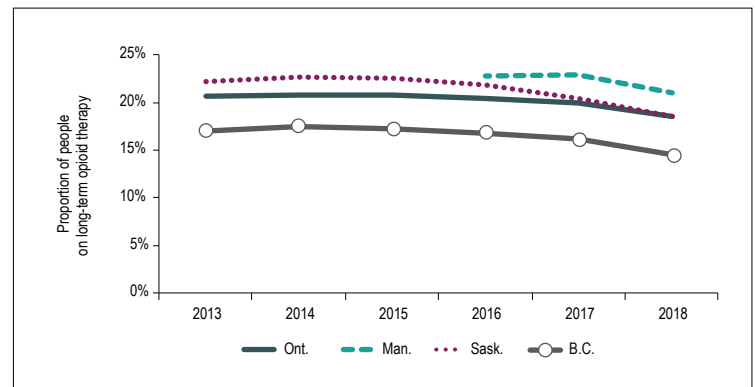
Figure 1 Proportion (%) of people starting opioid therapy, by province, 2013 to 2018



Note
Manitoba data was not available prior to March 2015.

Sources
National Prescription Drug Utilization Information System, Canadian Institute for Health Information; Ontario Narcotics Monitoring System.

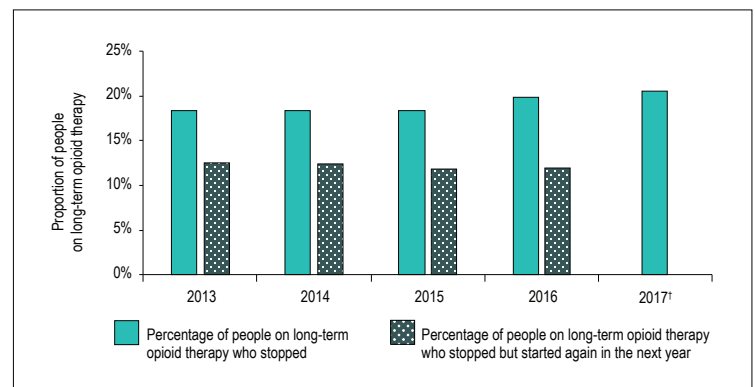
Figure 2 Proportion (%) of people prescribed opioids who were on long-term therapy, by province, 2013 to 2018



Note
Manitoba data was not available prior to March 2015.

Sources
National Prescription Drug Utilization Information System, Canadian Institute for Health Information; Ontario Narcotics Monitoring System.

Figure 3 Proportion (%) of people who stopped long-term opioid therapy for at least 6 months,* 2013 to 2017



Notes
* Includes data from Saskatchewan and British Columbia. Ontario Narcotics Monitoring System data is excluded because it is limited to claims for narcotics. Manitoba is excluded from trends because data prior to March 2015 is unavailable.
† Results from 2017 are excluded because data for the entire follow-up period is not available.

Sources
National Prescription Drug Utilization Information System, Canadian Institute for Health Information.

For more information
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