Opioid Use, Related Harms, and Access to Treatment among First Nations in Ontario, 2013-2019

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

<table>
<thead>
<tr>
<th>First Nations</th>
<th>In 2019</th>
<th>Non-First Nations</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.9% were prescribed an opioid</td>
<td>9.3% were prescribed an opioid</td>
<td></td>
</tr>
<tr>
<td>6.1% were newly prescribed an opioid</td>
<td>5.7% were newly prescribed an opioid</td>
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</tr>
<tr>
<td>9.2% of opioid recipients were prescribed a high daily dose</td>
<td>8.1% of opioid recipients were prescribed a high daily dose</td>
<td></td>
</tr>
<tr>
<td>14.0% of opioid recipients were also prescribed a benzodiazepine</td>
<td>13.5% of opioid recipients were also prescribed a benzodiazepine</td>
<td></td>
</tr>
</tbody>
</table>

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

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, Inuktut, English, French
- Your local nursing station, health centre, local mental health program, or an Elder

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/.
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%.

**In 2019**

- **First Nations**
  - 5.3% were prescribed OAT
  - 2.2% were newly prescribed OAT
  - 2.5% were prescribed methadone
  - 3.1% were prescribed buprenorphine/naloxone

- **Non-First Nations**
  - 0.5% were prescribed OAT
  - 0.2% were newly prescribed OAT
  - 0.3% were prescribed methadone
  - 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

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/](http://chiefs-of-ontario.org/priorities/health/research/).
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

In 2019

First Nations

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

Non-First Nations

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)

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

<table>
<thead>
<tr>
<th>First Nations</th>
<th>Non-First Nations</th>
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<tr>
<td>Deaths due to opioid-related poisoning</td>
<td>Occurred at a rate of 3.6 per 10,000 people</td>
</tr>
<tr>
<td>The rate of deaths due to opioid-related poisoning was approximately 4 times higher among First Nations people compared to non-First Nations people</td>
<td></td>
</tr>
</tbody>
</table>

Other substances detected:

- **Stimulants**: Detected in 49.3% of deaths due to opioid-related poisoning
- **Alcohol**: Detected in 49.3% of deaths due to opioid-related poisoning
- **Benzodiazepines**: Detected in 49.3% 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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