

## Health Fact Sheets

# Pain relief medication containing opioids, 2018

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# Health *Fact Sheets*

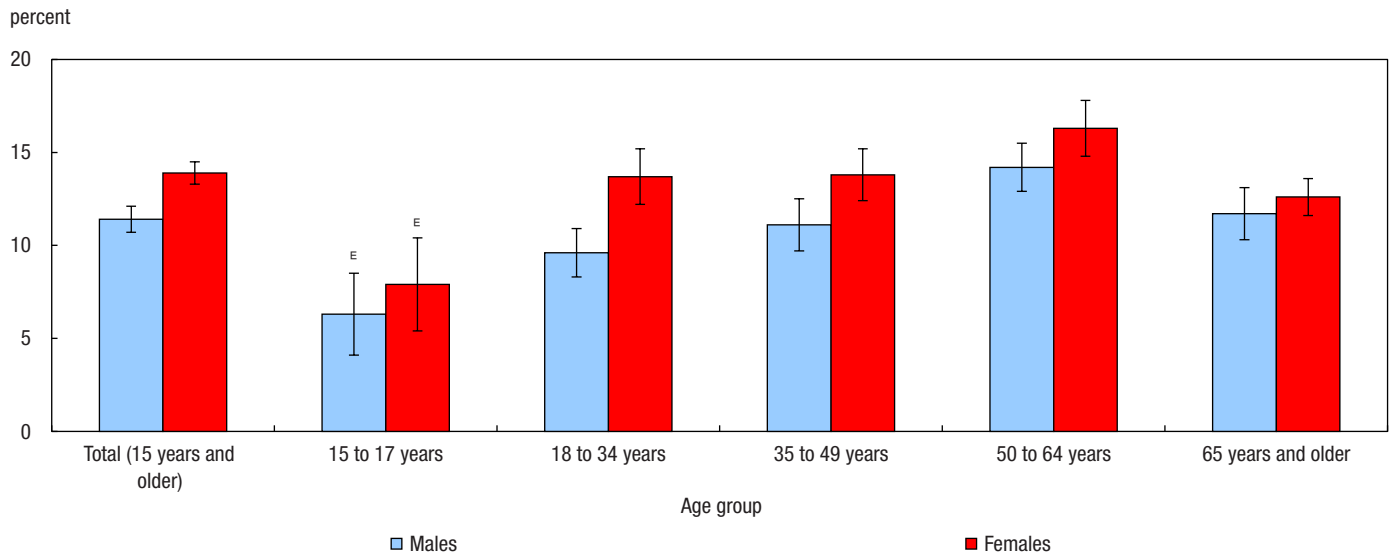
Statistics Canada, Catalogue no.82-625-X

## Pain relief medication containing opioids, 2018

Opioid use has emerged as a public health issue in Canada in recent years following a rise in opioid-related harms, such as increased hospitalizations and deaths linked to overdose.<sup>1</sup> In 2018, the Canadian Community Health Survey (CCHS) asked Canadians about their prescription and non-prescription use of pain relief medications containing opioids, such as codeine or morphine.<sup>2</sup> Overall, 40.5% of Canadians aged 15 years and older (roughly 11.8 million people) reported they had used this type of pain relief product in their lifetime.<sup>3</sup>

In the past 12 months, 12.7% of Canadians (roughly 3.7 million people) reported they used opioid pain relievers. Females were more likely than males to report opioid pain medication use in the past year (13.9%, 11.4%, Chart 1).<sup>4</sup> Among both sexes, reported use of these medications was lowest among those aged 15 to 17 compared to all other age groups (6.3% of males, 7.9% of females).<sup>5</sup> For both males and females, the prevalence of opioid medication use was highest among those aged 50 to 64 (14.2% of males, 16.3% of females).

**Chart 1** Opioid medication use, by age group and sex, population aged 15 and older, Canada, 2018



<sup>E</sup> use with caution

**Note:** Opioid medication refers to products containing opioids, such as codeine or morphine. This excludes pain relievers such as Aspirin, Advil, regular Tylenol, Celebrex, etc.

**Source:** Canadian Community Health Survey, 2018.

The proportion of residents who reported using opioid medication in the past year was **lower** than the national average (12.7%) in:

- Quebec (9.9%)

The proportion of residents who reported using opioid medication in the past year was **higher** than the national average in:

- Nova Scotia (15.0%)
- Ontario (13.5%)
- British Columbia (14.2%)

The proportion of residents who reported opioid medication use in the past 12 months was similar to the national average in all other provinces.

Canadians aged 25 and older with a secondary school graduation or less were more likely to report past year opioid medication use (14.5%), compared to those with a post-secondary graduation (12.2%).<sup>6</sup>

Aboriginal peoples<sup>7</sup> aged 15 years and older were more likely to report that they used an opioid medication in the past 12 months, with 23.8% of First Nations and 22.9% of Métis or Inuit reporting opioid medication use compared to 12.4% of the non-Aboriginal population.

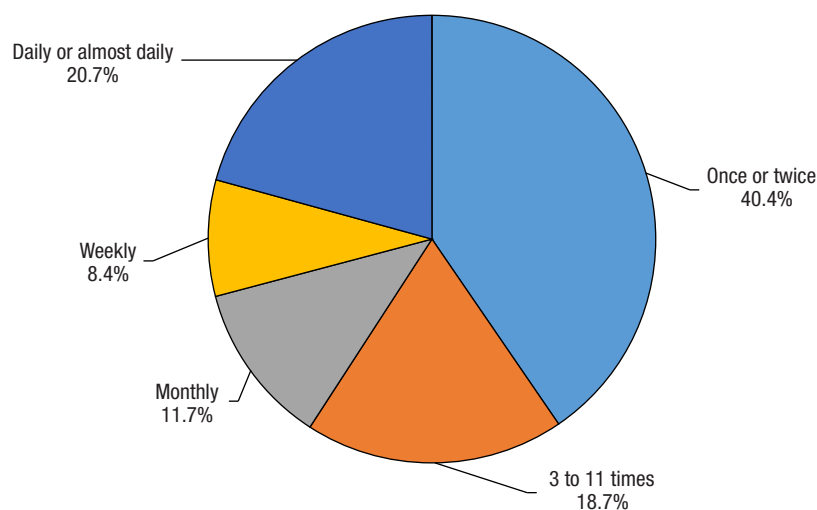
Canadians aged 18 and older who reported difficulty with mobility or self-care<sup>8</sup> were more likely to report past year opioid medication use (28.0%) compared to those with no difficulties (10.4%).

## Types of medication and frequency of use

Most Canadians aged 15 and older who used opioid pain relievers in the past year reported using products containing codeine (76.3%) followed by other opioid products such as hydromorphone or morphine (28.2%), oxycodone products (19.8%) and medications containing fentanyl (5.0%). Note that these do not add up to 100% because a little over 820,000 people reported having used more than one of these medications in the past year.

Among the 3.7 million people using opioid pain relievers in the past year, almost 1 million reported that they used the medication as needed, for example, following a surgery. Looking only at the frequency reported among the other 2.7 million people<sup>9</sup>, the frequency of taking opioid medications most commonly reported was only once or twice in the past 12 months (40.4%). About one-in-five (20.7%) Canadians who used opioid pain relievers in the past year did so daily or almost daily (Chart 2).

**Chart 2** Frequency of taking opioid medication in the past 12 months, population aged 15 and older, Canada, 2018



**Note:** Data on frequency of use exclude those who reported using opioid pain relievers 'as needed' since no frequency can be inferred from this response.

**Source:** Canadian Community Health Survey, 2018.

## Problematic use of opioids

### About problematic use of opioids

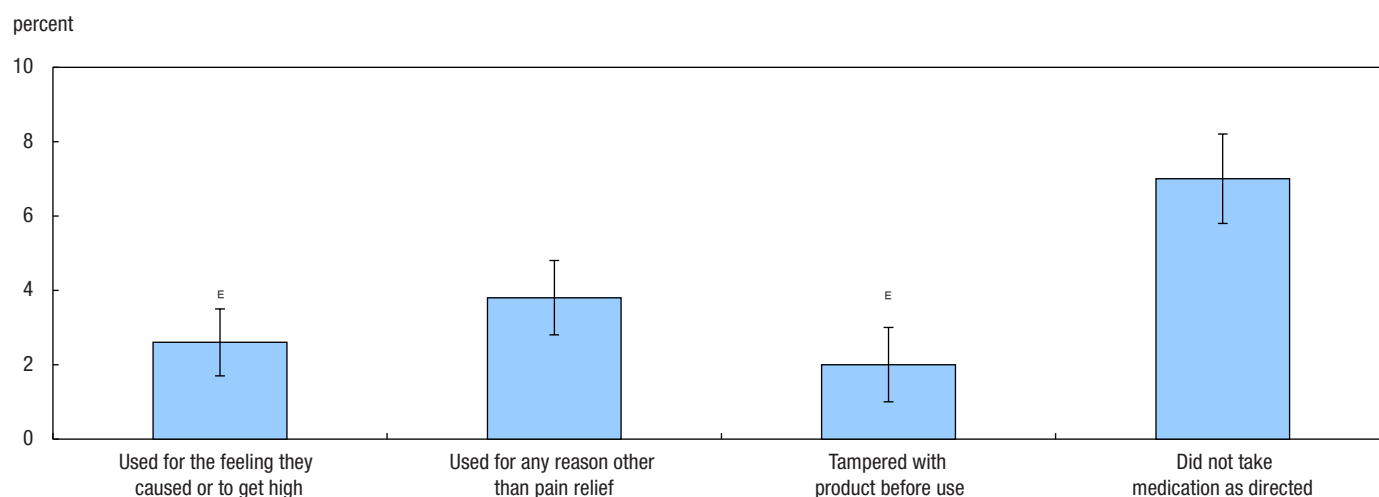
Opioids have an increased potential to be used in a nontherapeutic manner because of their psychoactive properties.<sup>10</sup> For those who indicated past year prescription or non-prescription opioid medication use, the CCHS includes further questions relating to different forms of problematic use of these medications. In the following section, **problematic use** is defined as:

- taking the medication in greater amounts than prescribed or more often than directed
- intentional use for the experience, the feeling they caused or to get high
- use for reasons other than pain relief, for example, to feel better (improve mood) or to cope with stress or problems
- tampering with a product before taking it (i.e. crushing tablets to swallow, snort or inject)

Among the 3.7 million Canadians aged 15 and older who reported opioid medication use in the past year, 9.6% (roughly 351,000 people) engaged in some form of problematic use of these medications.<sup>11</sup> Males (11.3%) were more likely than females (8.2%) to report problematic use of opioid medications. There were no significant differences between age groups for reported problematic use.

The use of opioid medication only for the experience, the feeling they cause or to get high was reported by 2.6% of respondents who had used any opioid medication in the past year.<sup>12</sup> Use of these medications for any reason other than pain relief was reported by 3.8% of past year users, and 2.0% indicated they had tampered with an opioid product before taking it.<sup>13</sup> For those who indicated some or all of their opioid medications from the past year were prescribed for them, 7.0% reported they took more pills than directed or took them more often than they were supposed to (Chart 3).<sup>14</sup>

**Chart 3** Problematic use of opioid products, population aged 15 and older, Canada, 2018



<sup>E</sup> use with caution

**Note:** Respondents were asked if they did not take their medication as directed only if they reported having a prescription for at least some of the opioid products they used in the past 12 months.

**Source:** Canadian Community Health Survey, 2018.

Research has shown that mental health disorders frequently co-occur with problematic substance use.<sup>15</sup> In 2018, those who reported being diagnosed with a mood or anxiety disorder were more likely to report problematic use of opioid medication (17.4%) compared to those without a reported mental health condition diagnosis (6.9%).

## About Pain Relief Medication Containing Opioids

Opioid pain relief medications are generally prescribed to treat severe acute or chronic pain but can also be used to treat other conditions such as persistent cough or diarrhea and to treat addictions to other opioids.<sup>16</sup> They bind to opioid receptors on nerve cells in the brain and body to produce analgesia and euphoria. They can be naturally occurring substances such as morphine and codeine (extracted from opium poppy) or semisynthetic substances such as hydromorphone or synthetic forms as is the case with fentanyl. These medications can come in different forms, such as, capsules, tablets, syrups, nasal sprays, skin patches and suppositories. Common side effects of taking opioids include, nausea and vomiting, drowsiness, rash and itchiness, dry mouth, reduced appetite and constipation.

The medications can manage pain effectively when used as directed but regular use can lead to dependence and tolerance. Problematic use of these medications can lead to overdose and death. Opioid use has emerged as a public health issue in Canada in recent years following a rise in opioid-related harms, such as increased hospitalizations and deaths.<sup>17</sup> In 2017, the Canadian guidelines on opioid prescribing<sup>18</sup> were updated and recommend that treatments other than opioids should be considered first, avoiding opioid therapy for those with a history of substance abuse or mental health difficulties and, if opioids are prescribed, the daily dose should be limited as much as possible to reduce the risk of overdose.



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## Data

Additional data from the Canadian Community Health Survey are available from table [13-10-0096-01](#).

## Notes

1. Canadian Institute for Health Information. 2017. [Opioid-Related Harms in Canada](#).
2. Excludes pain relievers such as Aspirin, Advil, regular Tylenol, Celebrex, etc.
3. Estimates in this article referring to the national average or Canada rate exclude the territories. This is because the coverage of CCHS in 2018 does not represent the entire population of the territories. Only half of the communities in the territories were visited in 2017, and the other half in 2018 so analyses based on the territories are only available for two year cycles of the CCHS (e.g. 2017-2018).
4. In this article when two estimates are said to be different this indicates that the difference was statistically significant at a 95% confidence level (p-value less than 5%).
5. Note that the proportion of opioid pain reliever use for both males and females aged 15 to 17 had a coefficient of variation between 15.1% and 35.0%; interpret with caution.
6. Highest level of education is divided into two groups; those with a post-secondary certificate, diploma or university degree, and those with secondary school graduation or less.
7. Aboriginal status is based on self-identification as First Nations, Métis, or Inuk (Inuit). The CCHS does not survey on reserve, therefore the numbers in this fact sheet reflect only Aboriginal peoples living off reserve.
8. Based on the Washington Group Short Set on Functioning (WG-SS), which provides a description of an individual's functional health by looking at vision, hearing, mobility, cognition, self-care and communication. A respondent was classified as having a functional difficulty if they reported at least some difficulty in one or more domain of functional health.
9. Data on frequency of use exclude those who reported using opioid pain relievers 'as needed' since no frequency can be inferred from this response.
10. There are varying ways to define nontherapeutic use. The Canadian Tobacco, Alcohol and Drugs Survey (CTADS) asks respondents about opioid medication use and they define 'problematic use' as use for the experience, the feeling they caused or to get high use and use for reasons other than pain relief. The government of Canada's Healthy Living portal defines 'problematic use' using the same two indicators as well as including use of an opioid medication improperly or use of one that was not prescribed to you.
11. Certain sub-populations are known to be more impacted by opioid related harms, including Aboriginal peoples living on reserve, the homeless population and institutionalized individuals. These groups are not covered in the target population of CCHS, therefore the estimates in this article may not be fully representative of problematic use in Canada.
12. Note that the estimate of use of medication for the experience, the feeling they cause or to get high had a coefficient of variation between 15.1% and 35.0%; interpret with caution.
13. Note that the estimate of those who tampered with a pain relief product had a coefficient of variation between 15.1% and 35.0%; interpret with caution.

14. Respondents were asked if they did not take their medication as directed only if they reported having a prescription for at least some of the opioid products they used in the past 12 months.
15. Canadian Centre on Substance Use and Addiction. 2009. [Substance abuse in Canada: concurrent disorders](#).
16. Canadian Centre on Substance Use and Addiction. 2017. [Prescription Opioids \(Canadian Drug Summary\)](#).
17. Canadian Institute for Health Information. 2017. [Opioid-Related Harms in Canada](#).
18. Busse, JW, et al. 2017. [Guideline for opioid therapy and chronic noncancer pain](#). *CMAJ*, 189:E659-E666.

For more information on the Canadian Community Health Survey, please contact Statistics Canada's Statistical Information Service (toll-free 1-800-263-1136; 613-951-8116; [STATCAN.infostats-infostats.STATCAN@canada.ca](mailto:STATCAN.infostats-infostats.STATCAN@canada.ca)).