Our Health Counts

An inclusive community-driven health survey for First Nations, Inuit, and Métis populations in Ontario cities

Prescription opioid use

The Truth and Reconciliation Commission of Canada (TRC) Call to Action 19 calls for an establishment of "measurable goals to identify and close the gaps in health outcomes" between Indigenous and non-Indigenous populations on indicators including mental health and the availability of appropriate health services, which are related to use of prescription opioids (POs).[1] Around 60 million people globally use POs without a prescription or out of keeping with how they were prescribed.[2] In 2017, 11.8% of the Canadian population used POs and approximately 3% of these individuals reported using them for non-medical purposes.[3] First Nations, Inuit, and Métis (FNIM) adults have been reported to have higher rates of hospitalization due to opioid poisoning compared to non-Indigenous populations.[4,5] Given limitations and gaps in health data for FNIM populations living in urban and related homelands, a meta-analysis technique was developed for respondent-driven sampling (RDS) data and applied to Our Health Counts (OHC) Hamilton, Toronto, London, Thunder Bay, and Kenora data sets. The aim of this meta analysis technique is to obtain an overall pooled prevalence of prescription opioid use among FNIM adults living in Ontario cities.

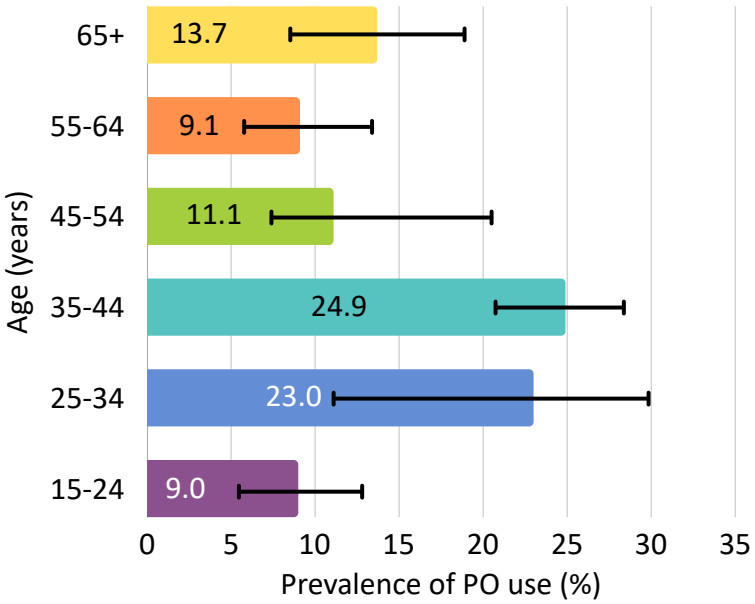
15.8% **of FNIM adults living in Hamilton, Toronto, London, Thunder Bay, and Kenora** report using POs without a prescription or out of keeping with how they were prescribed.

This use is about **1.6 times higher than the general adult population living in Ontario** (CCHS 2015-18).[3]

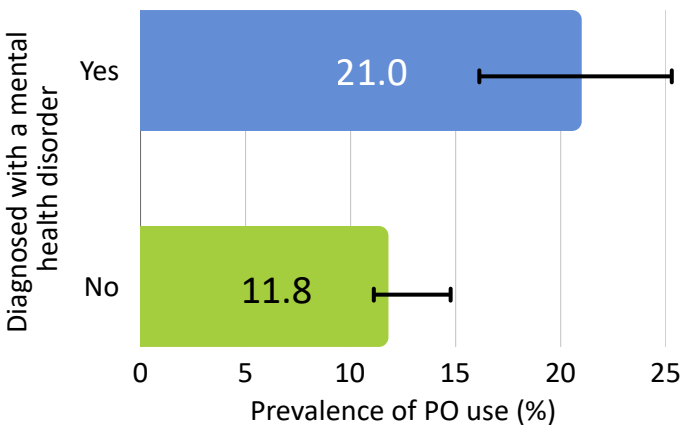
"Our communities need more Indigenous-specific mental health supports, safe injection services, and chronic care facilities that are rooted in Indigenous ways of care."

- OHC Ontario survey participant

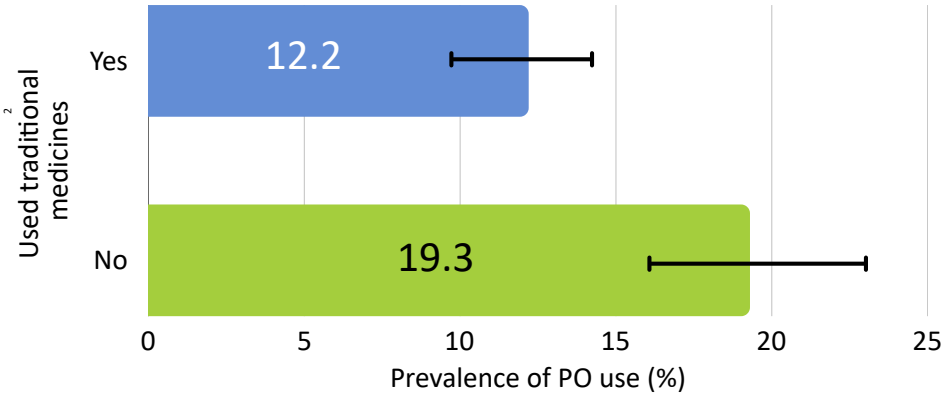
FNIM adults aged 25 to 34 years and 35 to 44 years have the highest prevalences of prescription opioid (PO) use, as shown in the graph below.



FNIM adults diagnosed with a mental health disorder are almost **2 times** more likely to use POs without or out of keeping with a prescription than those without a mental health disorder diagnosis, as shown in the graph below.



FNIM adults who use traditional medicines have a significantly lower prevalence of PO use than those who do not use traditional medicines, as shown in the graph below.



Policy Implications

Implement TRC Call to Action 19[1]: We call upon the provincial and federal governments to work in partnership with Indigenous peoples in reducing gaps in health outcomes between Indigenous and non-Indigenous populations.

Implement TRC Call to Action 20[1]: We call upon the provincial and federal governments to recognize, respect, and address the distinct health needs of First Nations living off reserve, Inuit, and Métis.

Implement TRC Call to Action 21[1]: We call upon the provincial and federal governments to provide sustainable funding to existing and new Indigenous healing centers to address the physical, mental, emotional and spiritual harms.

Such efforts include:

- Identifying gaps in health outcomes by obtaining valid, representative, population-level health information through Indigenous-led surveys
- Reducing barriers to access to healthcare services to address modifiable risk factors of mental health disorders, which are linked to PO use without a prescription or out of keeping with the prescription
- Increase access to culturally appropriate healthcare services, including traditional medicines, to reduce the use of POs without a prescription or out of keeping with the prescription

Definitions Indigenous adults: persons 15 years and older self-identified as Indigenous, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the cities of Hamilton, Toronto, London, Thunder Bay, Kenora

Sources 1. Truth and Reconciliation Commission of Canada (2015); 2. The Lancet Regional Health-Americas (2023); 3. Canadian Centre on Substance Use and Addiction (2020); 4. Lavalley et al. (2018); 5. Hatt (2022)

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More info http://www.welllivinghouse.com/what-we-do/projects/our-health-counts/

Population-based estimates created using respondent-driven sampling

Well Living House

Seventh Generation Midwives Toronto SGMT

Southwest Ontario Aboriginal Health Access Centre

WAASEGIIZHIG NANAANDAWE'IYEWIGAMIG

ANISHNAWBE MUSHKIKI

Ontario Ministry of Health & Long Term Care

Funding was provided by the Ministry of Health and Long-Term Care (MOHLTC) Capacity Award

Our Health Counts

Prescription Opioids Use Reference

Our Health Counts (OHC) is an inclusive community-based health survey for First Nations, Inuit, and Métis (FNIM) populations living in Ontario cities and is part of the largest Indigenous population health study in Canada.

Adult participants were selected using respondent-driven sampling, a statistical method which uses social networks in the community to recruit FNIM populations living in Ontario cities.

The following prevalence estimates were obtained based on OHC participants in Hamilton, Toronto, London, Thunder Bay, and Kenora.

OHC prescription opioid (PO) use survey question: "Have you used prescription opiates (codeine, morphine, Percodan, Tylenol 3, fentayl, talwin, etc.) in the last 12 months without a prescription or out of keeping with how they were prescribed?"

Prevalence of PO use without a prescription or out of keeping with the prescription among FNIM adults within Hamilton, Kenora, London, Thunder Bay, and Toronto

Ontario City	Prevalence (%) (95% CI)
Hamilton	**18.3 (3.4, 33.2)**
Kenora	**17.5 (11.9, 23.0)**
London	**17.4 (13.8, 21.0)**
Thunder Bay	**10.5 (7.7, 13.6)**
Toronto	**18.6 (15.4, 21.8)**
Pooled	**15.8 (12.6, 19.1)**

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The following prevalence estimates were obtained based on OHC participants in Hamilton, Toronto, London, Thunder Bay, and Kenora.

Pooled prevalence of PO use without a prescription or out of keeping with the prescription among FNIM adults across OHC sites within each age group

Age (years)	Prevalence (%) (95% CI)
15-24	9.0 (2.6, 15.4)
25-34	23.0 (11.2, 34.9)
35-44	24.9 (19.6, 30.3)
45-54	11.1 (5.7, 16.5)
55-64	9.1 (3.0, 15.1)
65+	13.7 (3.6, 23.9)

Pooled prevalence of PO use without a prescription or out of keeping with the prescription among FNIM adults across OHC sites with and without a mental health disorder diagnosis

Mental health disorder diagnosis	Prevalence (%) (95% CI)
No	11.8 (9.5, 14.0)
Yes	21.0 (12.6, 29.3)

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The following prevalence estimates were obtained based on OHC participants in Hamilton, Toronto, London, Thunder Bay, and Kenora.

Prevalence of PO while also using traditional Indigenous medicines among FNIM adults across OHC sites.

Traditional medicine usage	PO use prevalence (%)(95% CI)
No	**19.3 (13.4, 25.2)**
Yes	**12.2 (8.6, 15.8)**

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