How Many People in Canada Use Prescription Opioids Non-medically in General and Street Drug Using Populations?

Svetlana Popova, MD, PhD,^{1,3} Jayadeep Patra, PhD,^{1,4} Satya Mohapatra, PhD,¹ Benedikt Fischer, PhD,^{1,2,5} Jürgen Rehm, PhD^{1,2,6,7}

ABSTRACT

Objective: Medical prescriptions for opioids as well as their non-medical use have increased in Canada in recent years. This study aimed to estimate the number of non-medical prescription opioid (PO) users in the general and street drug using populations in Canada.

Methods: The number of non-medical PO users among the general population and the number of non-medical PO users, heroin users, or both among the street drug using population was estimated for Canada and for the most populous Canadian provinces. Different estimation methods were used: 1) the number of non-medical PO users in the Canadian general population was estimated based on Canadian availability data, and the ratio of US availability to non-medical PO use from US survey data; 2) numbers within the street drug using population were indirectly estimated based on overdose death data, and a key informants survey. Distribution and trends by usage of opioids were determined by using the multi-site Canadian OPICAN cohort data.

Results: Between 321,000 to 914,000 non-medical PO users were estimated to exist among the general population in Canada in 2003. The estimated number of non-medical PO users, heroin users, or both among the street drug using population was about 72,000, with more individuals using non-medical PO than heroin in 2003. Based on data from the OPICAN survey, in 2005 the majority of the street drug using population in main Canadian cities was non-medical PO users, with the exception of Vancouver and Montreal. A relative increase of 24% was observed from 2002 to 2005 in the proportion of the street drug using population who used non-medical POs only.

Discussion: There is an urgent need to further assess the extent and patterns of non-medical prescription opioid use, related problems and drug distribution channels in Canada.

Key words: Analgesics; prescription; opioid; abuse; Canada

La traduction du résumé se trouve à la fin de l'article.

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In the past decade, the substantial rise in medical use of prescription opioids (PO) has been accompanied by a marked rise in non-medical use of these drugs in Canada¹ and the US.²⁻⁵ In 2005, Canada ranked first in the world in per capita consumption of Hydromorphone, second for Morphine and Oxycodone, and third for Hydrocodone.⁶ According to the International Narcotics Control Board, the diversion and abuse of opioid analgesics are increasing in Canada, although the exact extent of the problem is not known.⁶ There are, however, some indications that the increased medical use of opioids has been accompanied by increased non-medical use of these drugs, coupled with increased levels of opioid dependence and overdose with consequent morbidity and mortality.⁷⁻¹⁰ A recent cross-sectional US survey demonstrated that 13% of those who reported past-year non-medical PO use (about 1.3 million people) met criteria for PO abuse or dependence.² Moreover, in Ontario, Canada there were 20 fentanyl (a synthetic opioid analgesic)-related deaths in 2002, whereas in 2003 and 2004, there were 35 and 57, respectively.¹⁰ In the United States, unintentional opioid analgesic poisonings increased more than 91% between 1999 and 2002.¹¹

Canada lacks data on the number of non-medical users of POs; therefore, the present study aimed to estimate for Canada and the country's four most populous provinces – Alberta (AB), British Columbia (BC), Ontario (ON) and Quebec (QC) – for the year 2003: 1) the number, in the general population, of non-medical PO users, and 2) the number and trends, in the street drug using population,

of: a) non-medical PO use, b) heroin use, and c) both non-medical PO use and heroin use.

METHODS

This study focused on the estimation of the numbers of non-medical PO users in either the general population or the street drug using population. The study did not examine *any* medical use, i.e., use of opioids exactly as prescribed regardless of whether the patient met the criteria of 'dependence' as defined by the Diagnostic and Statistical Manual of Mental Disorders.¹²

Author Affiliations

1. Centre for Addiction and Mental Health, Toronto, ON
2. Department of Public Health Sciences, University of Toronto, Toronto, ON
3. Faculty of Social Work, University of Toronto, Toronto, ON
4. Department of Human Development and Applied Psychology, University of Toronto, Toronto, ON
5. Centre for Addictions Research of British Columbia, University of Victoria, Victoria, BC
6. Addiction Research Institute, Zurich, Switzerland
7. Epidemiological Research Unit, Clinical Psychology and Psychotherapy, Technische Universität Dresden, Germany

Correspondence: S. Popova, Centre for Addiction and Mental Health, 33 Russell Street, Room T510, Toronto, ON M5S 2S1, Tel: 416-535-8501, ext. 4558, Fax: 416-260-4156, E-mail: lana_popova@camh.net

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Table 1. Number of Non-medical PO Users among the General Population in Select Provinces and Canada 2003 (15-49 years) Based on US Data

Provinces	Population	Regular Illegal Opioid and/or Non-medical PO Users*	Non-medical PO Users (lower limit)†	Non-medical PO Users (upper limit)†	Non-medical PO Users (lower limit) per 100,000 Population	Non-medical PO Users (upper limit) per 100,000 Population
Alberta	1,726,518	10,000	38,307	109,058	2219	6317
British Columbia	2,142,038	20,000	76,613	218,116	3577	10,183
Ontario	6,366,193	30,000	114,920	327,174	1805	5139
Quebec	3,814,456	10,000	38,307	109,058	1004	2859
Canada	16,372,157	83,800	321,009	913,905	1961	5582

* Based on provincial key informant data¹⁸

† Based on the US data (see methodology)

Number of non-medical PO users in the general population

There are no survey-based data of the number of non-medical PO users in the general population in Canada. Therefore, US data from different sources were used as a basis for estimates and projections for Canada for 2003.

The following US data were used:

1. Number of individuals who used POs non-medically in the past year (2004): 11.3 million;¹³
2. Estimated number of individuals who abuse heroin: 800,000;^{14,15}
3. Number of individuals who received treatment for heroin abuse in 2003: 281,000.¹⁶

In order to extrapolate an approximate range of the number of non-medical PO users in the general population in Canada, the ratios for the US estimates of non-medical PO users to the number of heroin abusers (to estimate a lower limit) and to heroin abusers who received treatment (to estimate an upper limit) were determined. This resulted in ratio figures of 14.1:1 and 40.2:1, respectively. These US-based ratios were first adjusted by 1) the ratio of average consumption of narcotic drugs in Canada and US (12,545 DDD/ 29,500 DDD=42.5%, DDD= Daily Defined Doses) and then 2) by population, to estimate values for the 15-49 years age group, which scaled down the ratios to 3.8:1 and 10.9:1, respectively. Canadian and US average consumption of narcotic drugs for the years 2002-2004 were obtained from the INCB¹⁷ (Table XIV http://www.incb.org/pdf/e/tr/nar/2005/narcotics_part4_tables.pdf).

To estimate the number of non-medical PO users in the general population for the 15-49 years age group, these ratios were multiplied by a recent estimate (based on the key informants survey¹⁸ of Canadian illegal opioid users between 15-49 years) in order to determine a lower and an upper range of non-medical PO users in the general population in Canada. Lower and upper limit estimation was based on the assumption that the proportion of the heroin abusing population with or without treatment within the entire non-medical PO using population would be more or less similar in North America.

Number of regular illegal opioid and/or non-medical PO users among the street drug using population

Two complementary approaches were used for this estimation. The first approach (for methodology, see ref. 19) is based on the fact that the opioid-related overdose mortality rate tends to stay consistently between 1% and 2% per annum (see a meta-analysis^{20,21}). Based on this assumption, we calculated back from overdose deaths to the street drug using population in Canada. It has been shown in the past that coroners' data give a more realistic picture of overdose deaths in Canada than the official mortality statistics of Statistics Canada,²² which seem to miss a considerable portion of

Figure 1. Number of non-medical PO users among general population and number of non-medical PO users, heroin users and both in the street drug using population in Canada, 2002-2003

Sum of users among the street drug using population estimated based on provincial coroners reports (right column)

* Distribution based on 2005 OPICAN cohort

drug-attributable overdoses. Provincial chief coroners reported 958 overdose deaths (excluding suicidal cases) in Canada in 2002. Unfortunately, most of the Chief Coroners' reports did not have age/sex specifications for drug overdose. When these data were not available, we statistically estimated these distributions according to sex-age group distributions of Canada available from Statistics Canada.²³

The second approach was based on a provincial key informants survey aimed to determine the prevalence of regular illegal opioid and/or non-medical PO users in Canada that was conducted between December 2003 and April 2004. Illegal opioid use was defined as the regular use of at least one type of opioid which was not medically prescribed to the user or not used as prescribed. The survey was sent to 35 select key informants in all provinces and territories of Canada who were requested to base their estimates on the best available provincial statistics. In total, 18 informants (5 ministerial officials, 4 field researchers, 7 drug addiction programme coordinators and 2 treatment consultants) sent back their completed questionnaires (for detailed methodology, see ref.18).

Distribution and trends of non-medical PO users, heroin users, and both in the street drug using population

The distribution and trends of usage of opioids were examined by using data from the multi-site Canadian OPICAN cohort.^{24,25} This

Table 2. Number of People with Regular Illegal Opioid and/or Non-medical PO Use among the Street Drug Using Population in Select Provinces and Canada (15-49 years of age), 2002-2003

	AB			BC			ON			QC			Canada		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Population of Canada	817,585	801,510	1,619,095	989,575	1,014,450	2,004,025	2,898,570	2,966,410	5,864,980	1,848,070	1,850,890	3,698,960	7,669,070	7,770,165	15,439,235
Number of overdose deaths*	74	22	96	96	29	125	275	85	360	179	55	234	733	225	958
Lower estimate (number of regular illegal opioid and/or non-medical PO users)*	3710	1100	4810	4790	1480	6250	13,750	4270	18,000	8970	2750	11,720	36,650	11,250	47,900
Upper estimate (number of regular illegal opioid and/or non-medical PO users)*	7410	2210	9620	9570	2950	12,500	27,500	8500	36,000	17,940	5510	23,440	73,300	22,500	95,800
Midpoint estimate (number of regular illegal opioid and/or non-medical PO users)*	5560	1655	7215	7180	2215	9375	20,625	6385	27,000	13,455	4130	17,580	54,975	16,875	71,850
Midpoint estimate per 100,000 population*	680	206	446	726	218	468	712	215	460	728	223	475	717	217	465
Total number of regular illegal opioid and/or non-medical PO users†	6660	3330	10,000	13,320	6660	20,000	19,980	9990	30,000	6660	3330	10,000	55,811	27,905	83,800
Number of non-medical PO-only users‡	2622	1124	3745	490	210	700	6713	2877	9590	3259	1397	4655	24,500	10,500	35,000
Number of heroin-only users‡	0	0	–	9072	3888	12,960	154	66	220	4774	2046	6820	14,000	6000	20,000
Number of non-medical PO and heroin users‡	571	245	816	2547	1091	3638	3689	1581	5270	3975	1703	5678	11,900	5100	17,000
Total number of non-medical PO, heroin users and both‡	3193	1368	4561	12,109	5189	17,298	10,556	4524	15,080	12,007	5146	17,153	50,400	21,600	72,000

* Based on provincial coroners reports²³† Based on provincial key informant data¹⁸

‡ Sum estimated based on provincial coroners reports and distribution estimated based on 2005 OPICAN cohort

PO – prescription opioids

AB – Alberta; BC – British Columbia; ON – Ontario; QC – Quebec

study assessed local samples of illegal opioid (and other) drug abusers in Vancouver, Edmonton, Toronto, Quebec City, Montreal, Fredericton and St. John's between 2002 (baseline) and 2005 (3rd follow-up), involving a sample of 585 participants. The main eligibility criteria for participation in the OPI-CAN cohort were: 1) having abused illegal opioids for a minimum of 1 year on the majority of days in the week, and 2) not having been in a drug treatment program in the previous 6 months.

Self-reported use in the past 30 days of the following POs was included: Demerol, Dilaudid, Methadone (illegal from street), Morphine, Oxy-Contin, Percocet, and Tylenol 3 or 4.

To carry out the distribution of street opioid abuse by subgroups: *POs-only*, *heroin-only*, and *combined POs and heroin*, the proportions from the above three user types within the street drug using population of the OPICAN cohort estimates were applied to the midpoint estimate of the number of regular illegal opioid and/or non-medical PO users (based on provincial coroners' reports).

RESULTS

Number of non-medical PO users in the general population

It was estimated that in Canada there were between 321,000 to 914,000 non-medical PO users between the ages of 15 and 49 years in the year 2003. Among select provinces, British Columbia was found to have the highest rate of non-medical PO users per 100,000 population, followed by Alberta, Ontario and Quebec (Table 1).

Number of regular illegal opioid and/or non-medical PO users among the street drug using population

Based on coroners' data, it was estimated that within the street drug using population, there were between 48,000 and 96,000 (with a calculated midpoint of 72,000 persons) regular illegal opioid and/or non-medical PO users between the ages of 15 and 49 years in Canada in 2003 (Figure 1). There was only a small variation in the estimated population rates (Table 2).

Use of the second method based on the results of the key informants survey yielded similar results. Estimates for select provinces totalled more than 80,000 people with regular illegal opioid and/or non-medical PO use between the ages of 15 and 49 years in Canada (Table 2). The mean value was approximately 500 people per 100,000 population. Note that the final estimate was based on coroners' data (above), which was the more conservative estimate and also had more empirical support as compared to the subjective key informant estimates.

Based on proportions from the OPICAN cohort (non-medical PO users 48.9%; heroin users 27.8%;

Table 3. Trends of Usage of Non-medical PO-only, Heroin-only, and Both in the Street Drug Using Population in Edmonton (Alberta), Vancouver (British Columbia), Toronto (Ontario), Montreal and Quebec City (Quebec) in the 2002 and 2005 Assessments

	Edmonton	Montreal	Quebec	Toronto	Vancouver	Overall
POs-only	23.9%	-4.0%	3.5%	-0.8%	0.0%	24.3%
Heroin-only	—	-13.9%	—	-1.6%	-14.8%	-6.5%
Combined POs and heroin	-17.4%	-16.8%	-10.9%	-9.6%	-8.2%	-7.5%

Notes:

McNemar test used for significance testing ($\alpha = 0.05$)**Bold** numbers show statistical significance

Positive % shows drug abuse increase, whereas negative % indicates decrease in drug abuse in 2005

— = data were not available for 2005 assessment

and combined non-medical PO and heroin users 23.2%), and applying these proportions with a midpoint estimate of number of regular illegal opioid and/or non-medical PO users of 71,850 (based on provincial coroners' reports; Table 2), it was estimated that more individuals used non-medical POs (35,000) than heroin (20,000) or the combination of the two (17,000) in Canada in 2003 (Figure 1).

Heroin use was highly prevalent in the large cities of Vancouver (71%) and Montreal (48%) while the non-medical PO use was highly prevalent among the respondents in three other cities, Edmonton (89%), Quebec City (88%) and Toronto (75%). The highest proportion of combined heroin and non-medical PO use was found among respondents in Montreal (37%), followed by Toronto (24%), Vancouver (22%), Quebec City (12%), and Edmonton (11%) (Figure 2).

Trends of non-medical PO users, heroin users, and both in the street drug using population

Data from the OPICAN survey showed that between 2002 and 2005 in Canada, there was an overall increase of 24.3% in the proportion of respondents who used non-medical POs only, with a 6.5% and 7.5% decrease in the proportion of heroin only users and combined non-medical PO and heroin users, respectively (all statistics were significant at $p < 0.001$) (Table 3).

The highest relative increase non-medical PO only use was observed among respondents in Edmonton (23.9%, $p < 0.05$). The relative proportion of heroin only use decreased significantly among respondents in both Montreal (13.9%, $p < 0.05$) and Vancouver (14.8%, $p < 0.05$).

DISCUSSION

This study has several limitations. First, the validity of the estimates depends on various assumptions. For example, the estimation of non-medical PO use in the general population in Canada was based in part on US data. In addition, the lower and upper limit estimation was based on the assumption that the proportion of the heroin abusing population with or without treatment within the entire non-medical PO using population would be more or less similar in North America.

Furthermore, the OPICAN data were obtained by self-report, a method subject to potential biases, though widely noted to be relatively accurate, even on sensitive topics such as drug use.^{26,27} The data from key informants might also be subjective and biased with their own impressions or influenced by personal relationship between informants and researcher.^{28,29}

This study estimated that in Canada in 2003, among the general population, there were between 321,000 to 914,000 non-medical PO users and, among the street drug using population, there were

Figure 2. Proportion of non-medical PO users, heroin users and both in the street drug using population in Edmonton (Alberta), Vancouver (British Columbia), Toronto (Ontario), Montreal and Quebec City (Quebec) in 2005

about 72,000 non-medical PO users, heroin users or both. Important information is lacking on the proportion of individuals who use these drugs regularly for non-medical use, and what proportion qualifies for dependence. However, even if only a small minority of the non-medical prescription users are dependent, this number would match the street drug abusers.

There are more non-medical PO users than heroin users today because of the apparent ease of acquiring these pharmaceuticals. Thus, the stereotype of the "addict" is changing into a broader definition affecting a larger part of our society.

Based on the observed increase in the population of PO users in the recent past in Canada, survey research is urgently needed to determine, as accurately as possible, the extent and patterns of non-medical PO use and identify those populations most at risk for abusing POs. In addition, in-depth studies need to be carried out that address the leaking out of prescription drugs from the medical system into illegal drug markets and finding ways to reduce such leakage. The next important step is to develop appropriate prevention programs without undermining access to pain treatment.

In addition, there are several strategies that come to mind which aim to prevent prescription drug abuse and need to be urgently implemented in Canada. These include: prescription drug monitoring programs, reduction of improper prescribing practices, edu-

cation at all levels (including physicians, pharmacists, and the public), elimination of internet drug pharmacies, provision of warning labels on all controlled substance prescriptions, and development of non-opioid treatment of chronic pain.

REFERENCES

1. Fischer B, Rehm J, Patra J, Firestone-Cruz M. Changes in illicit opioid use across Canada. *CMAJ* 2006;175(11):1385-87.
2. Becker WC, Sullivan LE, Tetrault JM, Desai RA, Fiellin DA. Non-medical use, abuse and dependence on prescription opioids among U.S. adults: Psychiatric, medical and substance use correlates. *Drug Alcohol Depend* 2008;94(1-3):38-47.
3. Compton W, Volkow N. Major increases in opioid analgesic abuse in the United States: Concerns and strategies. *Drug Alcohol Depend* 2006;81:103-7.
4. Novak S, Nemeth WC, Lawson KA. Trends in medical use and abuse of sustained-release opioid analgesics: A revisit. *Pain Med* 2004;5(1):59-65.
5. Zancy J, Bigelow G, Compton P, Foley K, Iguchi M, Sannerud C. College on problems of drug dependence taskforce on prescription opioid non-medical use and abuse: Position statement. *Drug Alcohol Depend* 2003;69:215-32.
6. International Narcotics Control Board (INCB). Report of the International Narcotics Control Board for 2005. Vienna, Austria, 2006.
7. Compton WM, Volkow ND. Abuse of prescription drugs and the risk of addiction. *Drug Alcohol Depend* 2006;83(Suppl 1):S4-S7.
8. Haydon E, Rehm J, Fischer B, Monga N, Adlaf E. Prescription drug abuse in Canada and the diversion of prescription drugs into the illicit drug market. *Can J Public Health* 2005;96(6):459-61.
9. Manchikanti L. Prescription drug abuse: What is being done to address this new drug epidemic? *Pain Physician* 2006;9:287-321.
10. Martin TL, Woodall KL, McLellan BA. Fentanyl-related deaths in Ontario, Canada: Toxicological findings and circumstances of death in 112 cases (2002-2004). *J Anal Toxicol* 2006;30:603-10.
11. Paulozzi L, Budnitz D, Xi Y. Increasing deaths from opioid analgesics in the United States. *Pharmacoepidemiol Drug Saf* 2006;15(9):618-27.
12. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Primary Care*. Washington, DC: American Psychiatric Association, 2000.
13. SAMHSA. Prevalence and recent trends in misuse of prescription drugs. U.S. Department of Health and Human Services, SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004. 2006.
14. ONDCP. Policy paper: Opioid agonist treatment. Washington, DC: Office of National Drug Control Policy (ONDCP), 1999.
15. Rubinkam M. Heroin addicts clamor for scarce medicine. *Washington Post*, April 28, 2005.
16. NIDA. Research report series, National Institute on Drug Abuse. Baltimore, MD: NIDA, 2005.
17. International Narcotics Control Board. Report of the International Narcotics Control Board for 2005. Vienna, Austria, 2005.
18. Popova S, Rehm J, Fischer B. An overview of illegal opioid use and health services utilization in Canada. *Public Health* 2006;120(4):320-28.
19. Fischer B, Rehm J. The case for a heroin substitution treatment trial in Canada. *Can J Public Health* 1997;88:367-70.
20. Rehm J. Modes de consommation et répartition des drogues en Suisse. In: Fahrenkrug H, Rehm J, Müller R (Eds.), *Drogues illégales en Suisse 1990-1993. La situation dans les cantons et en Suisse*. Zürich: Seismo, 1995;13-34.
21. WHO. The World Health Report 2002: Reducing risks, promoting healthy life. Geneva: WHO, 2002.
22. Single E, Rehm J, Robson L, Van Truong M. The relative risks and aetiological fractions of different causes of death and disease attributable to alcohol, tobacco and illicit drug use in Canada. *CMAJ* 2000;162(12):1669-75.
23. Rehm J, Baliunas D, Brochu S, Fischer B, Gnam W, Patra J, et al. The costs of substance abuse in Canada 2002. Ottawa, ON: Canadian Centre on Substance Abuse, 2006.
24. Fischer B, Rehm J, Brissette S, Brochu S, Bruneau J, El-Guebaly N, et al. Illicit opioid use in Canada: Comparing social, health and drug use characteristics of untreated users in five cities (OPICAN study). *J Urban Health* 2005;82(2):250-66.
25. Fischer B, Manzoni P, Rehm J. Comparing injecting and non-injecting illicit opioid users in a multi-site Canadian sample (OPICAN cohort). *Eur Addict Res* 2006;12(4):230-39.
26. Bonin J, Fournier L, Blais R, Perreault M, White N. Are the responses of clients with psychiatric and addiction disorders using services for the homeless valid? *Can J Psychiatry* 2007;52(12):798-802.
27. Darke S. Self-report among injecting drug users: A review. *Drug Alcohol Depend* 1998;51:253-63.
28. Gilchrist VJ. Key informant interviews. In: Crabtree BF, Miller WL (Eds.), *Doing Qualitative Research*. Thousand Oaks, CA: Sage Publications, 1992.
29. Marshall MN. The key informant technique. *Family Practice* 1996;13:92-97.

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RÉSUMÉ

Objectif : Les prescriptions médicales pour les opiacés ainsi que leur utilisation non médicinale ont augmenté au Canada au cours des dernières années. Cette étude vise à évaluer le nombre d'utilisateurs d'opiacés d'ordonnance (OO) non médicaux au sein de la population générale et de la population utilisant des drogues illicites au Canada.

Méthode : Le nombre d'utilisateurs d'OO non médicaux parmi la population générale et le nombre d'utilisateurs d'OO non médicaux, d'utilisateurs d'héroïne ou les deux parmi la population faisant usage de drogues illicites ont été évalués au Canada et dans les provinces canadiennes les plus peuplées. Différentes méthodes d'évaluation ont été utilisées : 1) le nombre d'utilisateurs d'OO non médicaux au sein de la population générale du Canada a été évalué selon les données sur la disponibilité canadienne et le ratio de la disponibilité américaine pour l'utilisation d'OO non médicaux à partir des données des études américaines; 2) le nombre au sein de la population faisant usage de drogues illicites était indirectement évalué selon les données sur le décès par surdose et une étude auprès de répondants clés. La distribution et les tendances selon l'usage d'opiacés ont été déterminées à l'aide des données de cohorte de l'étude OPICAN effectuée dans plusieurs villes canadiennes.

Résultats : On a évalué qu'il y avait entre 321 000 et 914 000 utilisateurs d'OO non médicaux au sein de la population canadienne en 2003. Le nombre évalué d'utilisateurs d'OO non médicaux, d'utilisateurs d'héroïne ou les deux parmi la population faisant usage de drogues illicites était de 72 000, avec davantage de personnes utilisant des OO non médicaux que l'héroïne en 2003. Selon les données de l'étude OPICAN, en 2005, la majorité de la population faisant usage de drogues illicites dans les principales villes canadiennes était des utilisateurs d'OO non médicaux, à l'exception de Montréal et de Vancouver. Un accroissement relatif de 24 % a été observé de 2002 à 2005 selon la proportion de la population faisant usage de drogues illicites qui utilisait des OO non médicaux seulement.

Discussion : Il existe un besoin urgent d'évaluer davantage la portée et les modèles de l'utilisation d'OO non médicaux, les problèmes connexes et les réseaux de distribution de drogues au Canada.

Mots clés : analgésiques; ordonnance; opiacé; abus; Canada