



Prescription Opioid Trends in Canada

*An independent IQVIA report on measuring and
understanding the use of prescription opioids dispensed
from 2020 to 2024*

Table of contents

Introduction	3
National opioid utilization highlights	5
Provincial prevalence trends	6
Demographic analysis	7
Opioid dependence treatments	10
Prescriber analysis	13
Recommendations for health stakeholders	14
Limitations	14
Sources for data and methodology	15
About IQVIA	16

Introduction

Opioids are a class of psychoactive substances generally prescribed to relieve moderate to severe pain, whether related to an acute or chronic condition. Some of them, such as methadone and buprenorphine-naloxone, are also used in the treatment of opioid dependence. The medication, used as a single product or in combination with others, has an important role to play in drug treatment, but only if consumed in a way that is both safe and effective. In addition to their analgesic properties, opioids have the potential to cause physical and psychological dependence and are recognized as drugs used by drug addicts.

All those who study and deliver health care and set the policy and standards of care that inform the treatment for opioid overuse are challenged to strike the right balance between reducing human suffering and minimizing the equally painful sequelae of opioid dependence. There is no easy way to determine this balance, but the available data could inform the way forward for practitioners, researchers, educators, and policymakers, ultimately for the betterment of the patient's health.

Around the world, research is focused on developing new molecules that can replace opioids, while reducing their undesirable effects, particularly the risk of dependence. Promising solutions include suzetrigine, approved this year in the United States, and aniquinazoline B, a natural compound extracted from a marine mushroom currently under study.^{1,2}

Our objective at IQVIA is to help optimize healthcare by bringing to light data and factual evidence to better inform decision-makers in this critical area with the utmost respect for privacy and information security. The statistics and analyses presented in this report come from the dashboard IQVIA Health Insights, in collaboration with the IQVIA Advisory Board for the Advancement of Health, a group of opinion leaders from various healthcare sectors. Based on fully anonymized data, the dashboard is a useful analytical tool, enabling analysis of the use of drugs belonging to certain therapeutic classes. It is designed to answer three questions: how many prescriptions have been dispensed, how many users benefit from them, and which medical specialties prescribed them. See page 14 for limits to the use of IQVIA data.

This fourth report by IQVIA on opioid prescriptions in Canada covers the period 2020 to 2024. It shows the evolution of pan-Canadian trends in opioid prescriptions dispensed in community (non-hospital) pharmacies. The report also includes demographic indicators, broken down by province or region, highlighting both progress made and ongoing concerns.

¹ Institute for Clinical and Economic Review Publishes Evidence Report on Treatment for Acute Pain - ICER

² Marine fungus-derived aniquinazolin B could be a potential opioid alternative

This report is produced independently by IQVIA Canada as a public service, without industry or government funding. IQVIA's aim is to optimize healthcare by providing factual information that enables policy-makers to make informed decisions in this crucial sector, while guaranteeing strict confidentiality and data security. The company complies with all health privacy laws and does not collect any prescription drug data that could identify a patient or be used for this purpose.

About the authors



PIERRE ST-MARTIN

Senior Director,
Data Science
IQVIA Canada



DANIEL LACROIX

Senior Consultant
IQVIA Canada

National opioid utilization highlights

The opioid crisis continues to represent a major public health issue in Canada. According to the Public Health Agency of Canada (PHAC), 52,544 deaths apparently related to opioid toxicity were recorded between January 2016 and December 2024.³ In 2024, there were 7,146 deaths, a 17% decrease from the previous year. The vast majority of deaths (80%) in 2024 occurred in British Columbia, Alberta, and Ontario.

While the human toll of the opioid epidemic is being addressed differently across the country, efforts to manage opioid prescribing and to support medication-assisted treatment are showing measurable results in several provinces, although some sensitive zones remain.

Between 2020 and 2024, the prevalence of opioid use for pain relief in Canada remained relatively stable, going from 11.0% to 10.6%. The number of users increased slightly (+6%), as did the total volume of prescriptions (+16%). In 2024, each person treated received an average of five prescriptions.



In 2024, approximately one in nine people in Canada received at least one prescription for opioids from a community pharmacy for pain relief - that's over 4.4 million people.

General statistics on opioid use in Canada for pain relief

	PREVALENCE	INDIVIDUALS WHO HAVE USED OPIOIDS	OPIOID PRESCRIPTIONS DISPENSED	AVE. RX/INDIVIDUAL
2020	11.0%	4,166,545	18,668,157	4
2021	11.4%	4,364,659	20,041,745	5
2022	10.9%	4,296,606	20,818,517	5
2023	10.7%	4,349,400	21,318,134	5
2024	10.6%	4,423,612	21,567,730	5

3 Highlights: Opioid and stimulant-related harms in Canada - Canada.ca

Provincial prevalence trends

Between 2020 and 2024, the prevalence of opioid use for pain management either declined or remained relatively stable across all Canadian provinces. In 2024, British Columbia had the highest rate, reaching 12.6%.

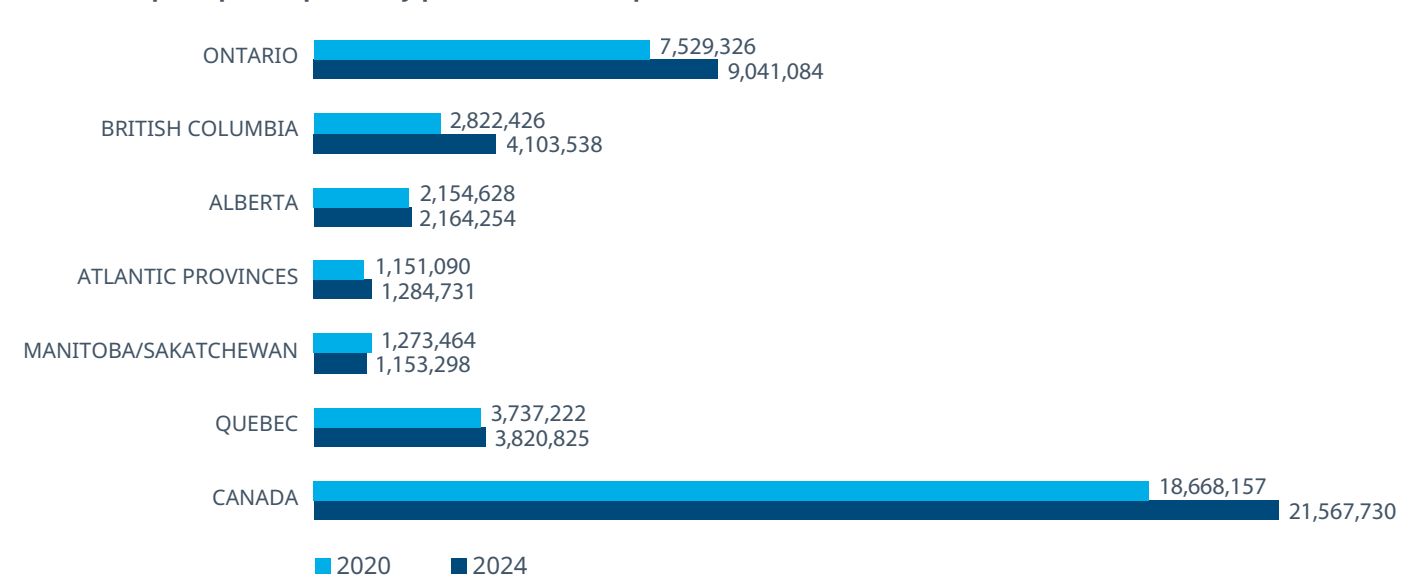
Prevalence of opioid use by province to treat pain



The number of prescriptions for opioids to treat pain rose by 16% in Canada between 2020 and 2024, from 18.7 to 21.6 million. This increase was mainly driven by British Columbia (+45%) and Ontario (+20%), which together accounted for over 65% of prescriptions issued in 2024. With the exception of Manitoba and Saskatchewan, where a decline was observed, all the other provinces showed a moderate upward trend.

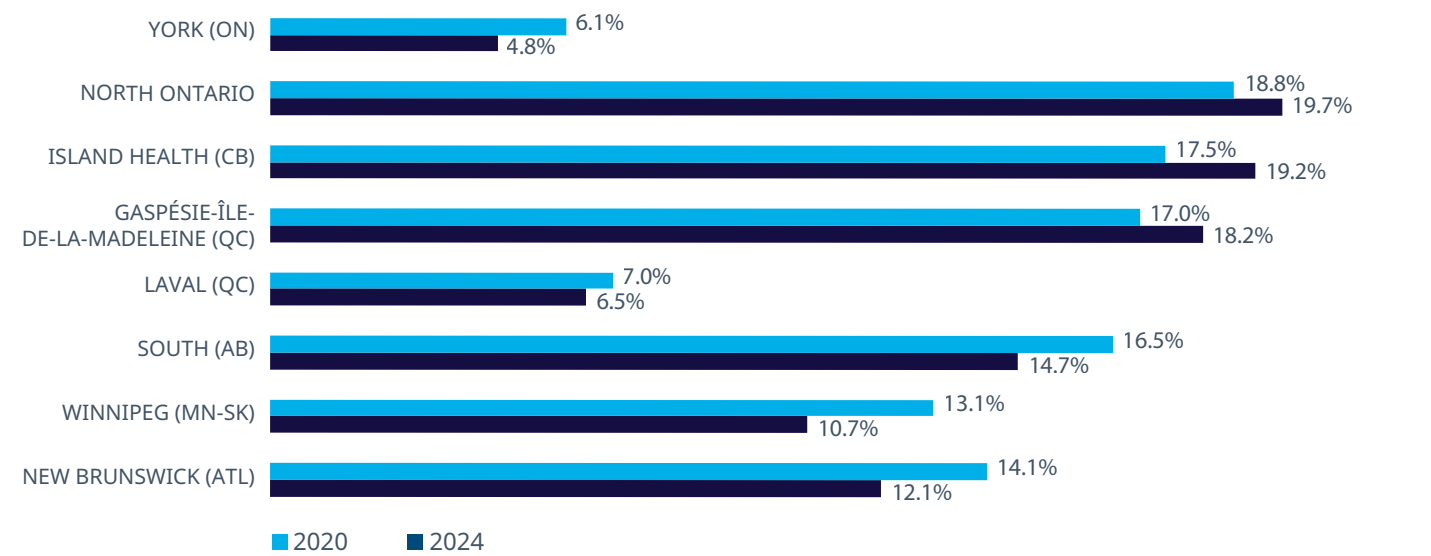
These provincial differences highlight different regional prescribing dynamics, which may reflect variations in clinical practices, access to care or pain management needs.

Number of opioid prescriptions by province to treat pain



The dashboard used to produce this document covers the following provincial health regions: Ontario (26 regions), Quebec (16 regions), British Columbia (5 regions) and Alberta (5 regions). The table below presents a representative extract from selected regions. For further information, please contact IQVIA.

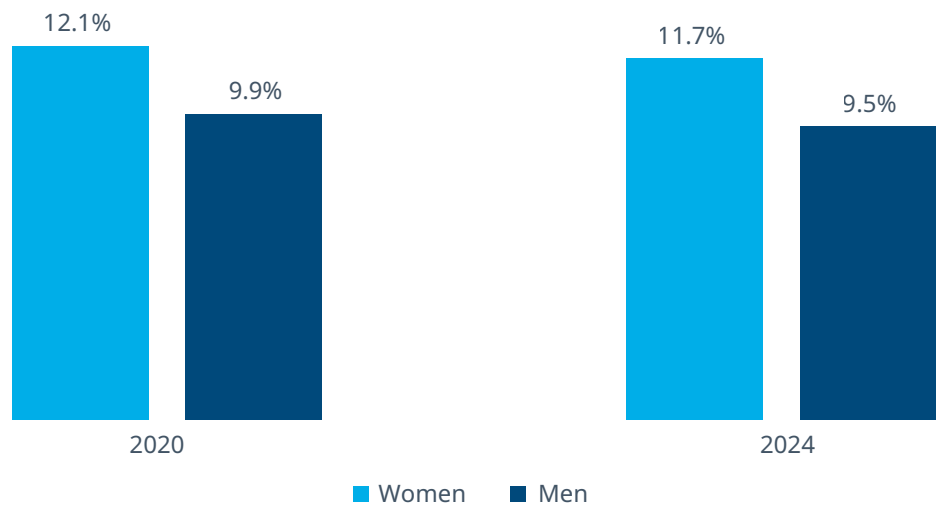
Prevalence of opioid use to treat pain in selected health regions



Demographic analysis

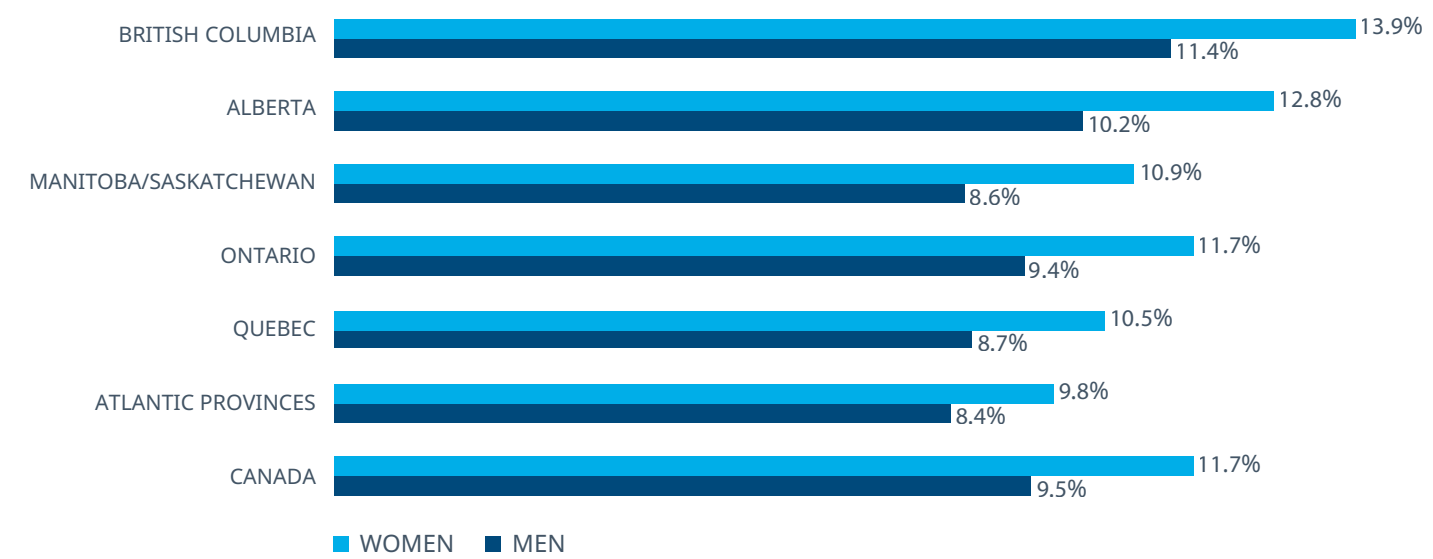
In Canada, between 2020 and 2024, the prevalence of opioid use for pain relief went from 12.1% to 11.7% for women, and from 9.9% to 9.5% for men.

Prevalence of opioid use to treat pain by gender in Canada



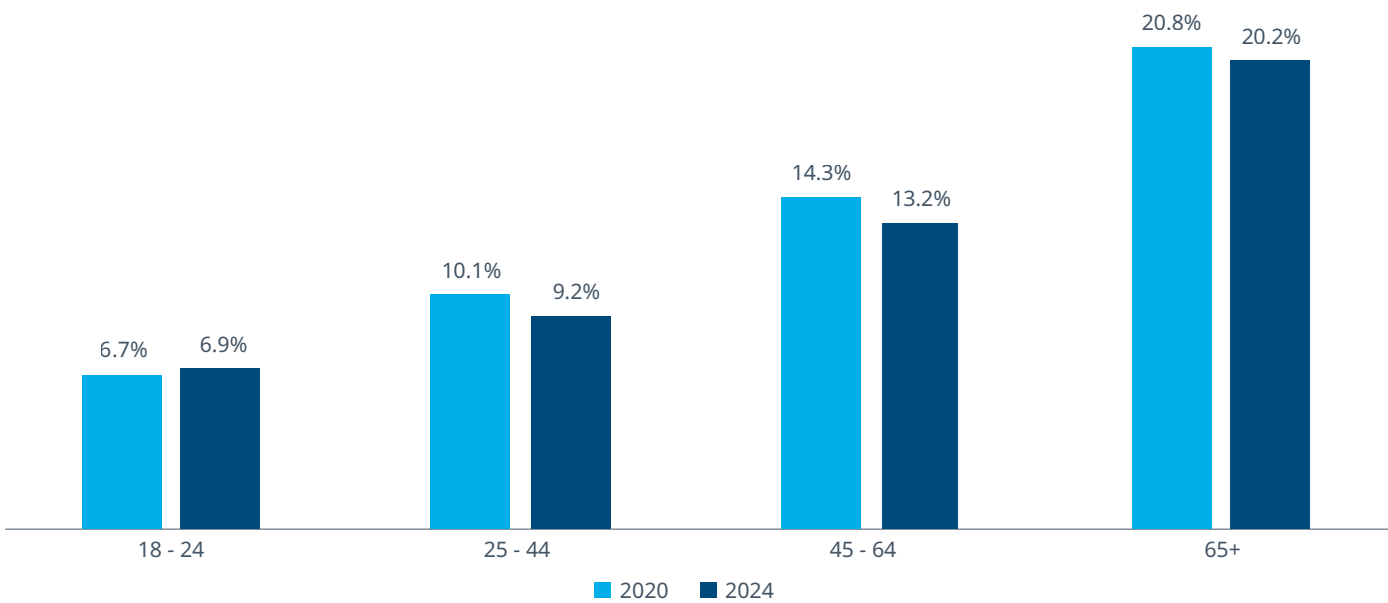
In 2024, the prevalence of opioid use for pain management was higher among women than men in all Canadian provinces. The highest rates were observed in British Columbia, reaching 13.9% for women and 11.4% for men. Conversely, the Atlantic provinces had the lowest levels at 9.8% for women and 8.4% for men.

Prevalence of opioid use to treat pain by sex and province – 2024



Between 2020 and 2024, the use of opioids for the treatment of pain declined in Canada in most age groups. The highest prevalence remained among those aged 65 and over.

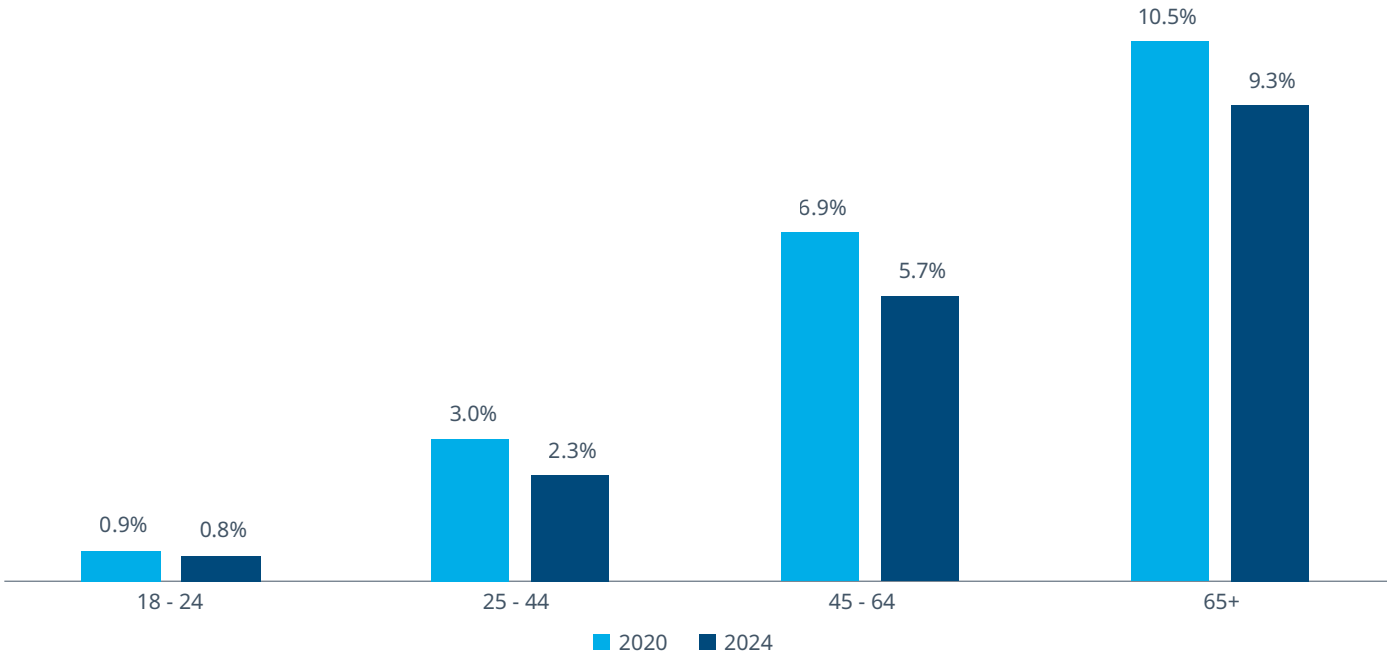
Prevalence of opioid use to treat pain by age group – Canada



Between 2020 and 2024, the proportion of people receiving opioids to treat pain for more than six months fell across all age groups in Canada. Among people aged 65 and over - who remained the most affected - the trend was also downward.

This evolution suggests better-supervised treatment reducing the risks, such as dependence, associated with prolonged opioid use.

Prevalence of opioid use to treat pain during treatment period greater than six months – Canada



Between 2020 and 2024, the prevalence of opioid use to treat pain in women decreased slightly in the majority of age groups nationwide.

Women aged 65 and over had the highest prevalence rates across all provinces. In 2024, British Columbia had generally high rates of use in almost all age groups, while the Atlantic provinces had the lowest.

Overall, despite variations across age groups and provinces, the data show a downward or stable trend in the use of opioids for pain among women in Canada.

Prevalence of opioid use to treat <u>pain</u> for <u>women</u> by province and age group								
	18-24		25 - 44		45 - 64		65+	
	2020	2024	2020	2024	2020	2024	2020	2024
BRITISH COLUMBIA	9.7%	9.9%	13.4%	13.1%	16.3%	15.8%	22.8%	23.5%
ALBERTA	10.7%	9.6%	14.7%	12.8%	19.5%	16.9%	26.4%	24.1%
MANITOBA/SASKATCHEWAN	9.3%	8.3%	14.5%	11.4%	16.9%	14.6%	20.9%	18.7%
ONTARIO	7.7%	7.7%	10.9%	10.3%	14.7%	13.5%	22.6%	22.1%
QUEBEC	7.7%	8.5%	11.8%	11.2%	12.3%	12.1%	16.7%	16.1%
ATLANTIC PROVINCES	6.5%	6.6%	9.5%	8.3%	12.7%	11.6%	17.7%	16.1%
CANADA	8.4%	8.4%	12.1%	11.2%	14.9%	13.9%	21.0%	20.4%

From 2020 to 2024, the use of opioids for pain relief declined among men aged 25 and over in Canada. However, men aged 65 and over remained the group with the highest rate of use.

In Alberta, although a decrease was observed in the 25 to 64 age group, the province still posted the highest prevalence in the country, reaching 23.3% among seniors. British Columbia also had high rates among older men, reaching 22.5% in 2024. Conversely, the Atlantic provinces had the lowest rates across all age groups, followed by Quebec.

In summary, despite the decline in opioid use in several age groups, older men continued to have higher rates.

Prevalence of opioid use to treat pain for men by province and age group								
	18-24		25 - 44		45 - 64		65+	
	2020	2024	2020	2024	2020	2024	2020	2024
BRITISH COLUMBIA	6.1%	6.6%	9.5%	8.8%	15.1%	14.5%	21.8%	22.5%
ALBERTA	6.4%	6.6%	9.4%	8.4%	17.1%	14.8%	25.3%	23.3%
MANITOBA/SASKATCHEWAN	5.3%	4.9%	9.3%	7.5%	14.8%	12.9%	19.6%	17.8%
ONTARIO	4.9%	5.3%	7.1%	6.4%	13.6%	12.2%	21.9%	21.3%
QUEBEC	4.8%	5.7%	8.0%	7.4%	11.3%	10.9%	16.8%	16.3%
ATLANTIC PROVINCES	4.1%	4.3%	6.8%	5.7%	12.1%	10.7%	17.7%	16.0%
CANADA	5.2%	5.6%	8.1%	7.2%	13.6%	12.5%	20.5%	19.9%

Opioid dependence treatments

The figures on dependence presented in this report reflect the use of methadone and buprenorphine/naloxone, the main treatments for opioid addiction; methadone is also used less frequently for pain management.

Opioid use by dosage (MME)

Morphine milligram equivalent⁴ (MME) is a standardized method of measuring opioid doses. It represents the potency of an opioid.

Weak: Average daily MME dose per patient < 50

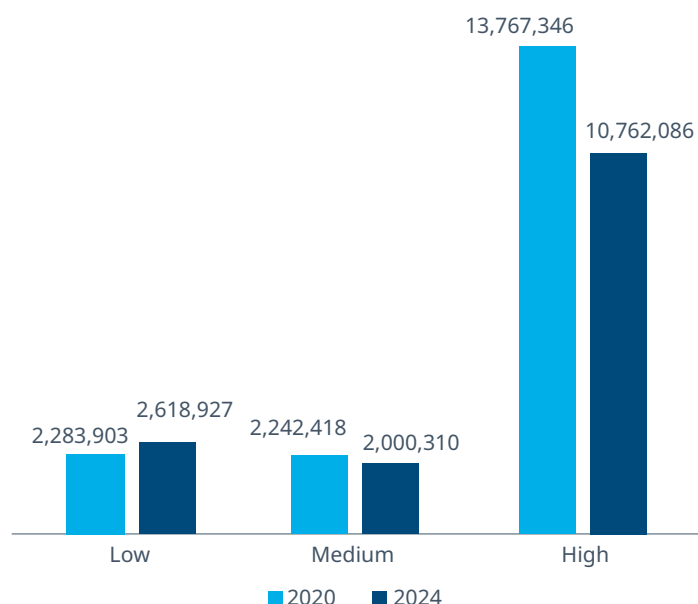
Medium: Average daily MME dose per patient 50 <= 90

High: Average daily MME dose per patient > 90

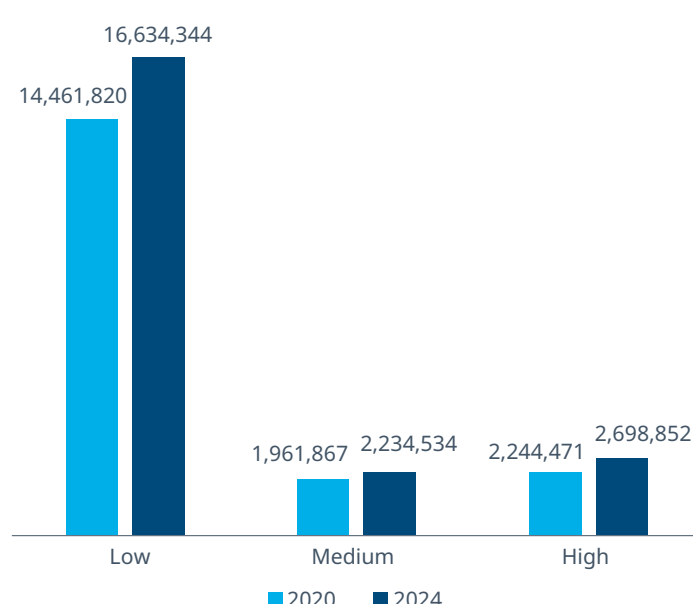
In Canada, most opioid prescriptions related to dependence treatment corresponded to high dosages (> 90 MME), the volume of which declined by 22% between 2020 and 2024. Conversely, opioid prescriptions for pain management were mostly associated with dosages below 50 MME per day, an increase of 15% over this period.

4 Measuring prescription opioid use, December 2018

Number of opioid prescriptions dispensed to treat opioid dependence in Canada, by dose



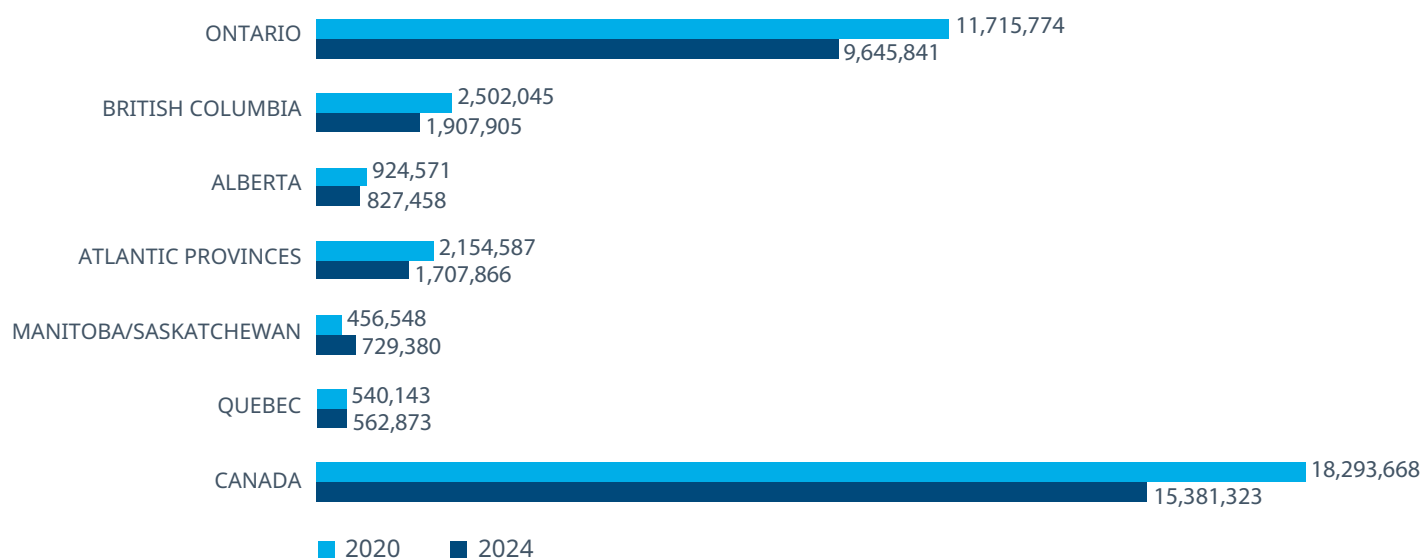
Number of opioid prescriptions dispensed to treat pain in Canada, by dose



Between 2020 and 2024, the number of prescriptions for the treatment of opioid dependence declined nationally. Ontario, where volumes were highest, recorded an 18% drop. Significant declines were also seen in British Columbia (-24%) and the Atlantic provinces (-21%), while Manitoba and Saskatchewan saw a significant increase of 60%.

These regional variations appear to be linked to differences in access to care, local policies and clinical practices. Given that these treatments are often dispensed on a daily basis, all organizational changes can have a significant impact on prescription volumes.

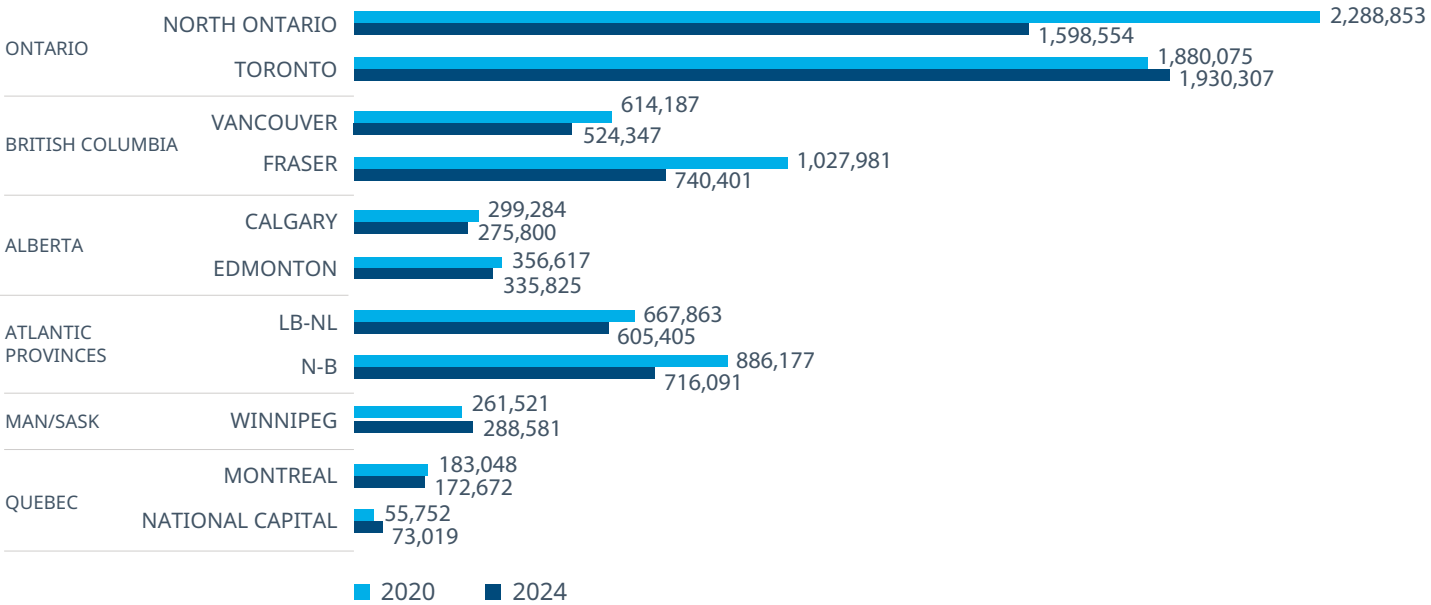
Number of opioid prescriptions dispensed to treat opioid dependence by province



The dashboard used to prepare this document covers the health regions of the following provinces: Ontario (26 regions), Quebec (16 regions), British Columbia (5 regions) and Alberta (5 regions). The table below shows selected regions by way of example. This regional breakdown could help healthcare authorities to orient their training and awareness-raising efforts towards treatment for opioid dependence, where the need may be greatest.

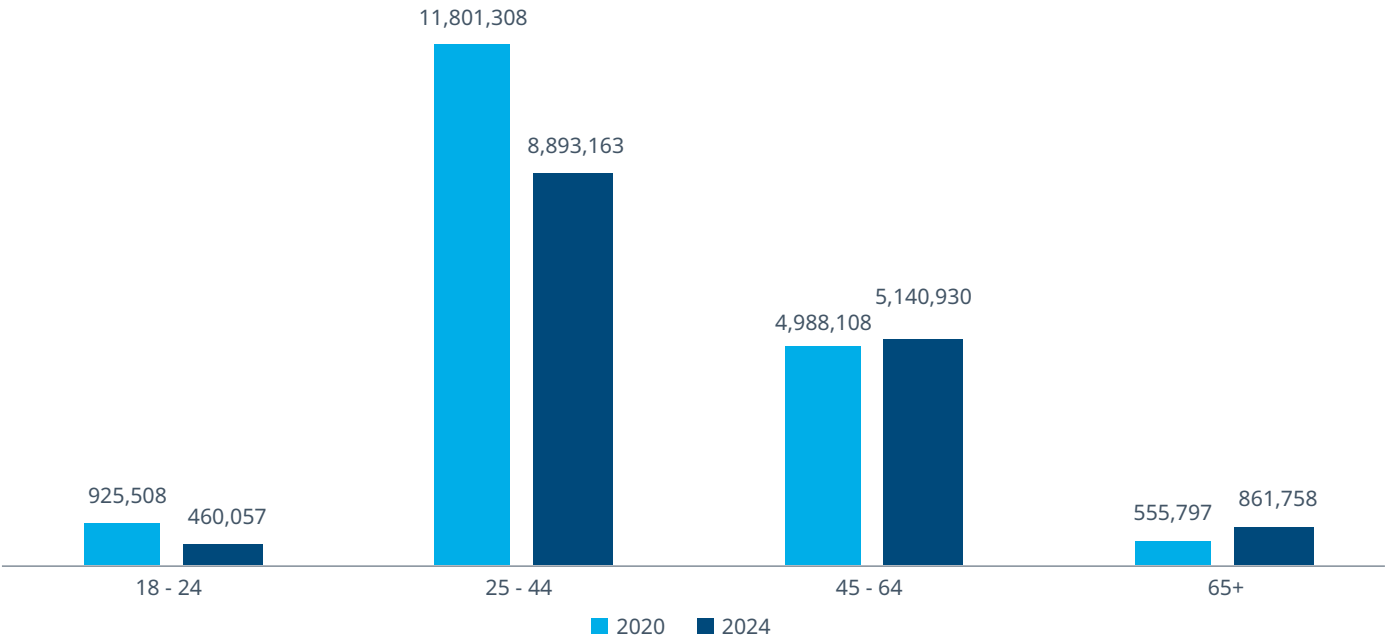
For further information, we invite you to communicate with IQVIA.

Number of opioid prescriptions dispensed to treat opioid dependence in selected health regions



From 2020 to 2024, prescriptions for dependence treatment fell sharply among those 18 to 44 years old, while they rose among those aged 45 and over. One notes, however, a high concentration of these treatments in the 25-64 age group.

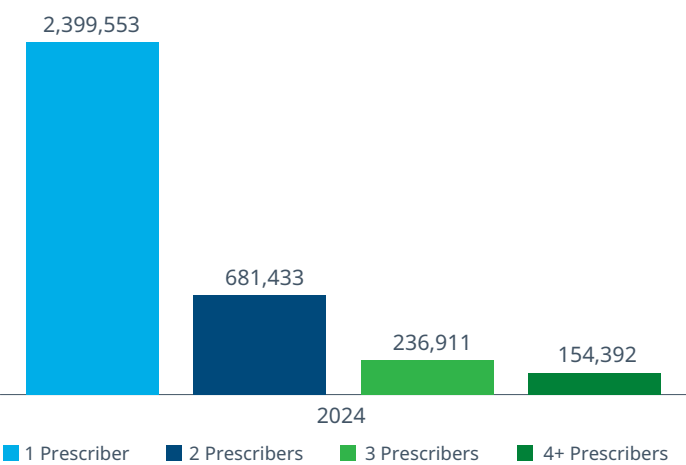
Number of opioid prescriptions dispensed to treat opioid dependence by age group - Canada



Prescriber analysis*

In 2024, nearly 2.4 million individuals received their opioid prescriptions to treat pain from a single prescriber,* for an average of three prescriptions and 137 units per user. As for the 154,392 users who received their opioid prescriptions from four or more prescribers, they received an average of 15 prescriptions or 669 units (one unit = one tablet or oral solution).

Individuals who received opioid prescriptions to treat pain in Canada from 1, 2, 3, or 4+ prescribers* – 2024

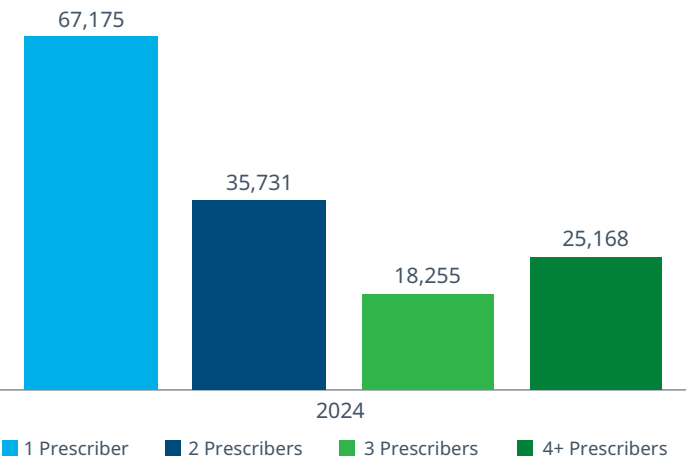


Average number of prescriptions and units per opioid user to treat pain in Canada – 2024

Individual prescribers	Average number of Rx / user	Average units / user
1 Prescriber	3	137
2 Prescribers	7	307
3 Prescribers	10	452
4+ Prescribers	15	669

In 2024, more than 67,000 individuals received their opioid prescriptions for dependence treatment from a single prescriber*, for an average of 60 prescriptions or 1,466 units per user. As for the 25,168 users who received their opioid prescriptions from four or more prescribers, they received an average of 148 prescriptions or 3,507 units (one unit = one tablet or oral solution).

Individuals who received opioid prescriptions to treat opioid dependence in Canada from 1, 2, 3, or 4+ prescribers* – 2024



Average number of prescriptions and units per opioid user to treat opioid dependence in Canada – 2024

Individual prescribers	Average number of Rx / user	Average units / user
1 Prescriber	60	1,466
2 Prescribers	82	2,145
3 Prescribers	97	2,450
4+ Prescribers	148	3,507

Recommendations for healthcare stakeholders

All who study and deliver health care and set the policies and standards of care that guide treatment for opioid overuse must persist in finding solutions. At IQVIA, our goal is to help improve care by providing decision-makers, researchers, and educators working in this field with essential, current, and evidence-based data. Using this information, stakeholders could:

- Systematically review national and provincial data from all sources on prescriptions for opioids and other drugs with high potential for overuse, to determine current and emerging trends that may impact care providers, patients, governments, or regulatory authorities.
- Monitor and assess prescribing trends, which may vary considerably between provinces, and evaluate the impact of programs put in place.
- Pay particular attention to provinces or regions where opioid consumption is increasing the most and develop an awareness-raising and training strategy for the professionals concerned.
- Evaluate prescribing trends for other pain medication.

Limitations

There are limits to the use of IQVIA data, which does not include information on:

- Prescriptions written but never dispensed.
- Prescriptions dispensed in hospitals and prisons.
- Medicines not consumed by patients.
- Diagnoses for which prescriptions have been dispensed.
- Clinical indications or morbidity.
- Use of opioids from illicit sources.

Methodology and database sources

Statistics have been generated from fully anonymized opioid prescriptions dispensed by a panel of community pharmacies between 2020 and 2024, and correspond to approximately 80% of all prescriptions dispensed in Canada (new Rx and refills). Estimation algorithms were used to estimate the missing 20% and, thus, obtain a complete overview of dispensing of these drugs, enabling a representative analysis. Population data from Statistics Canada were used to calculate proportions and per-capita rates.⁵

This report is based on the following IQVIA data services: IQVIA Geographic Prescription Monitoring (GPM), IQVIA longitudinal prescription data, and IQVIA prescriber-level data.

List of molecules included in the analysis

Class	Molecule
Opioid agonists	Codeine
	Hydromorphone
	Morphine
	Oxycodone
	Fentanyl
	Meperidin
	Methadone (dependence)
	Tramadol
	Pentazocin
Partial/mixed opioid agonists	Buprenorphine (pain)
	Buprenorphine naloxone (dependence)

5 Data tables, 2021 population census

ABOUT IQVIA

IQVIA is a leading global provider of advanced analytics, technology solutions, and clinical research services to the life sciences industry. IQVIA creates intelligent connections across all aspects of healthcare through its analytics, transformative technology, metadata resources and extensive domain expertise. IQVIA Connected Intelligence™ delivers relevant insights with speed and agility—enabling its customers to accelerate the clinical development and commercialization of innovative medication treatments that improve healthcare outcomes for patients. With approximately 88,000 employees, IQVIA conducts operations in more than 100 countries.

Established in Canada since the 1960s with over 1,600 employees, IQVIA is a leading provider of evidence-based health information services to the Canadian medical and pharmaceutical industry. Its excellent reputation is based on its ability to forge partnerships with various stakeholders in the public and private sectors who share the same goal: to constantly improve the quality of health care in a more connected ecosystem.

Offering the world's largest source of healthcare data, IQVIA provides Canada-wide data for both the public and private sectors. IQVIA's insights and execution capabilities help biotech, medical device, and pharmaceutical companies, medical researchers, government agencies, payers, and other healthcare stakeholders tap into a deeper understanding of disease, human behaviour, and scientific advances to improve patient health.

CONTACT US

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