



Prescription Opioid Usage Trends in Canada

*An independent IQVIA report on measuring and
understanding the use of prescription opioids dispensed
from 2021 to 2025*

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Introduction

In Canada, opioids occupy a central yet paradoxical place in the public health landscape: essential for the management of acute and chronic pain, they are also at the heart of a health crisis that has been mobilizing healthcare professionals, researchers, and policymakers for several years. As powerful analgesics, certain opioids, such as methadone and buprenorphine, also play a therapeutic role in the treatment of addiction. However, their potential for problematic use, both physical and psychological, means they are substances that require strict oversight and responsible prescription.

The collective challenge facing healthcare systems is a profound one: how can we ensure adequate access to these medications for patients who need them, while minimizing the risks of addiction and overdose? There is no simple answer. However, reliable, granular data is an essential starting point for orienting clinical practices, refining health policies, and guiding research toward safer solutions.

From a scientific standpoint, innovation is advancing. New non-addictive molecules are being developed to offer alternatives to opioids: suzetrigine, recently approved in the United States, is a concrete example, while aniquinazoline B, a natural compound derived from a marine mushroom still under study, illustrates the potential of emerging approaches.^{1,2}

IQVIA, in collaboration with the Advisory Board for the Advancement of Health—a group of thought leaders from various healthcare industry sectors—is releasing its fifth analysis of opioid prescribing in Canada. Based on fully anonymized data from the IQVIA Health Insights dashboard, this report covers the 2021 to 2025 period and documents evolving pan-Canadian trends in prescriptions dispensed at community pharmacies. It provides a detailed reading of national and provincial demographic dynamics to shed light on both progress made and persistent challenges. The methodological limitations associated with the data used to prepare this report are presented on page 15.

The purpose of this report is clear: to provide evidence-based data to help improve the long-term health of Canadians.

1. FDA Approves Novel Non-Opioid Treatment for Moderate to Severe Acute Pain | FDA

2. Marine fungus-derived aniquinazolins 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 aims to optimize healthcare by providing factual information that enables policy-makers to make informed decisions in this critical sector, while ensuring strict confidentiality and data security. The company complies with all laws governing the protection of personal health information and does not collect any prescription drug data that could identify a patient or be used for this purpose.

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National Highlights - Opioid Use in Canada

The opioid crisis remains one of the most pressing public health challenges in Canada. According to the Public Health Agency of Canada (PHAC), more than 55,000 deaths related to opioid overdoses were recorded between January 2016 and September 2025.³

Between October 2024 and September 2025, 5,724 people died from intoxication, representing a 26% decrease compared to the previous 12 months, but the situation remains a cause for concern. British Columbia, Alberta, and Ontario alone accounted for more than 78% of the deaths that occurred between January 2025 and September 2025.

The use of opioids to treat pain in Canada remained stable between 2021 and 2025, with prevalence fluctuating slightly from 11.5% to 11.1%. Despite this stability, the number of users and the volume of prescriptions increased slightly. On average, patients received five prescriptions per year.



In 2025, approximately one in nine people in Canada received at least one opioid prescription for pain relief from a community pharmacy – representing just over 4.6 million people.

General statistics on opioid use in Canada for pain relief

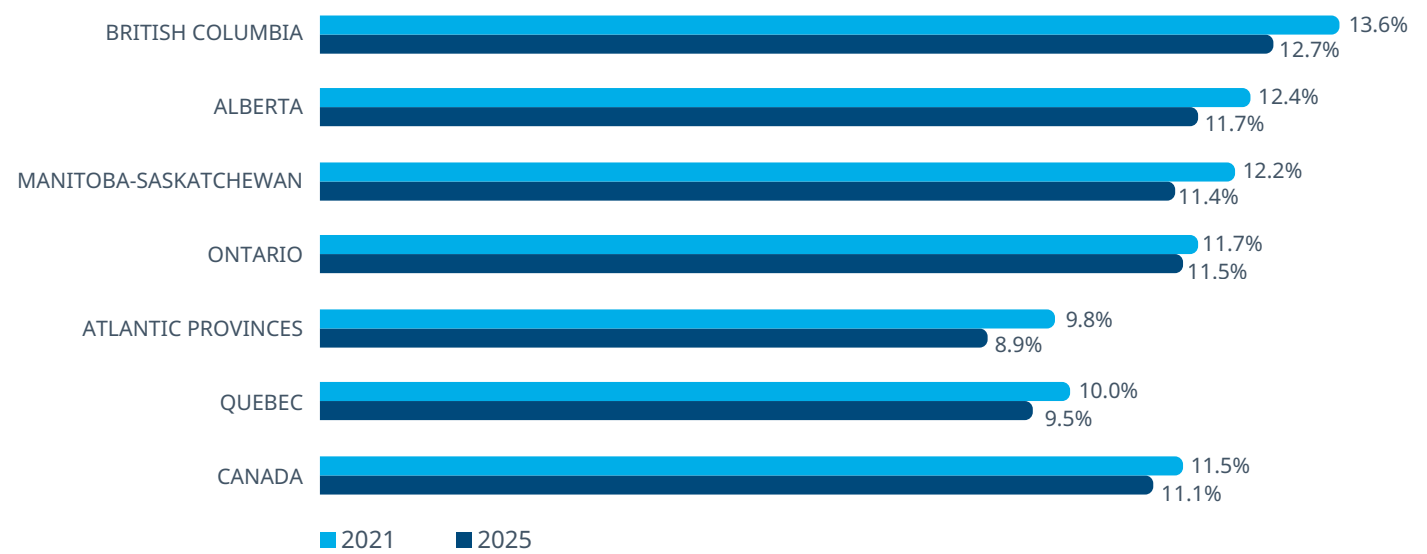
	PREVALENCE	INDIVIDUALS WHO HAVE USED OPIOIDS	OPIOID PRESCRIPTIONS DISPENSED	AVE. RX/INDIVIDUAL
2021	11.5%	4,422,812	19,971,915	5
2022	11.1%	4,390,900	20,799,716	5
2023	10.9%	4,456,507	21,310,480	5
2024	10.9%	4,561,523	21,724,212	5
2025	11.1%	4,627,869	21,999,578	5

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

Provincial prevalence trends

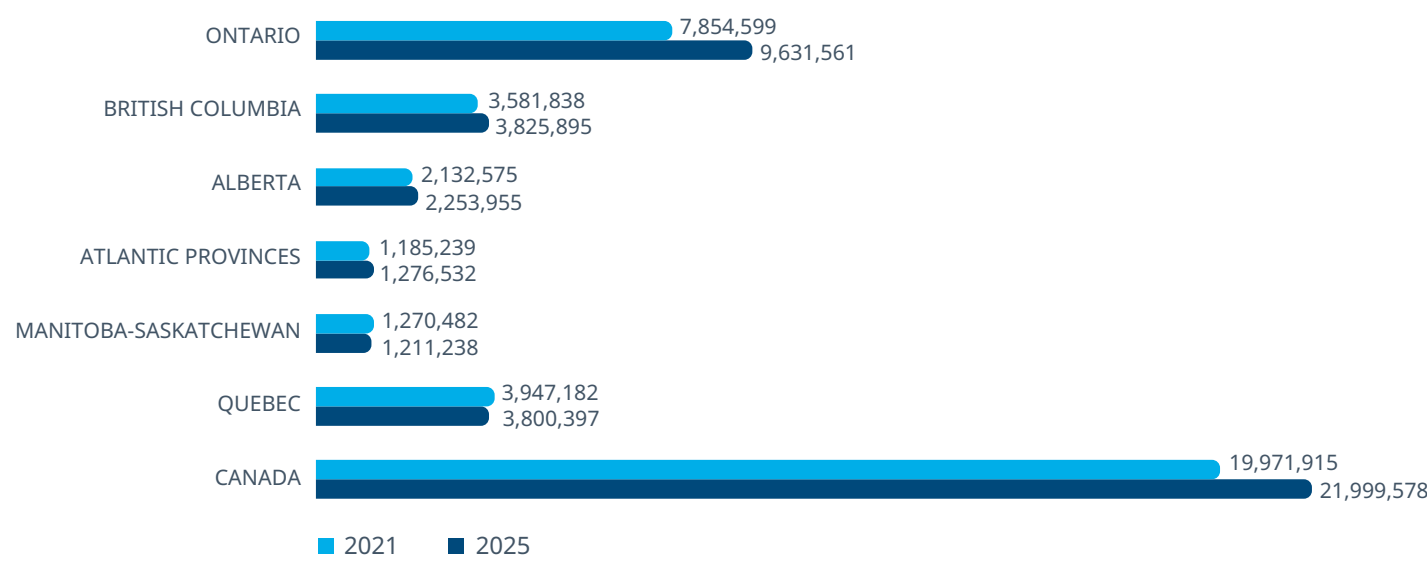
Between 2021 and 2025, the prevalence of opioid use for pain management decreased across all provinces. In 2025, British Columbia had the highest rate (12.7%), while the Atlantic provinces had the lowest (8.9%).

Prevalence of opioid use by province to treat pain



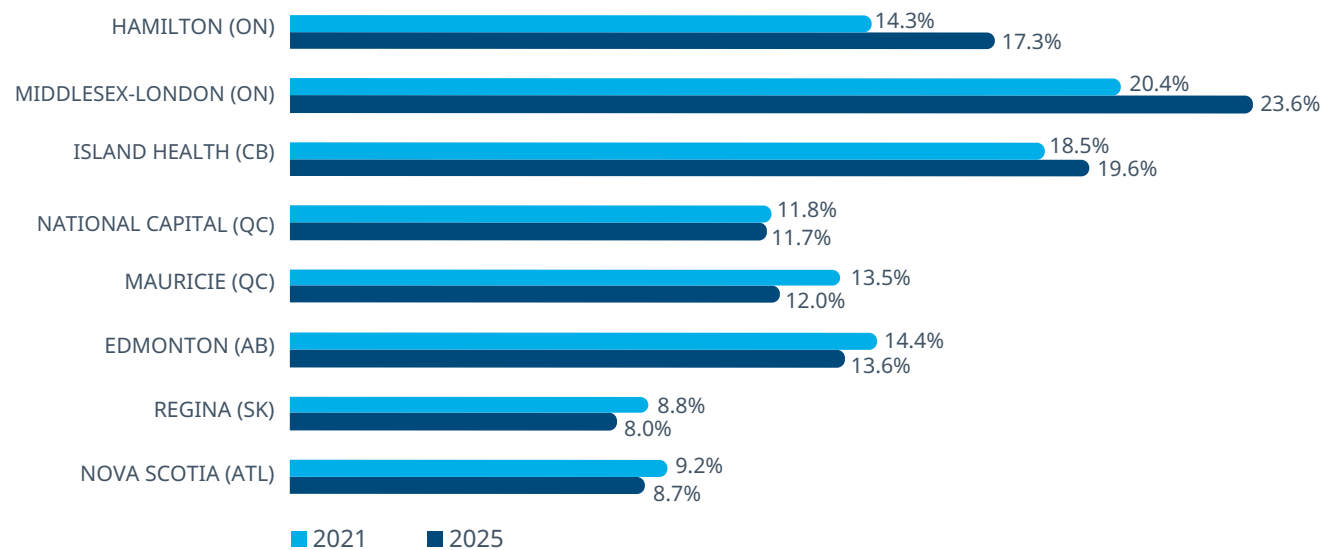
The number of opioid prescriptions for pain treatment increased by 10% in Canada from 2021 to 2025, rising from approximately 20 million to nearly 22 million. However, this national trend was accompanied by regional variations. While Quebec and Manitoba–Saskatchewan recorded decreases, Ontario, Alberta, British Columbia, and the Atlantic provinces reported increases. The increase was particularly pronounced in Ontario, where it reached 23%. This rise may be associated, in part, with population growth and shorter treatment durations, which may result in a greater number of dispensings per patient.

Number of opioid prescriptions by province to treat pain



The dashboard used to produce this study 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.

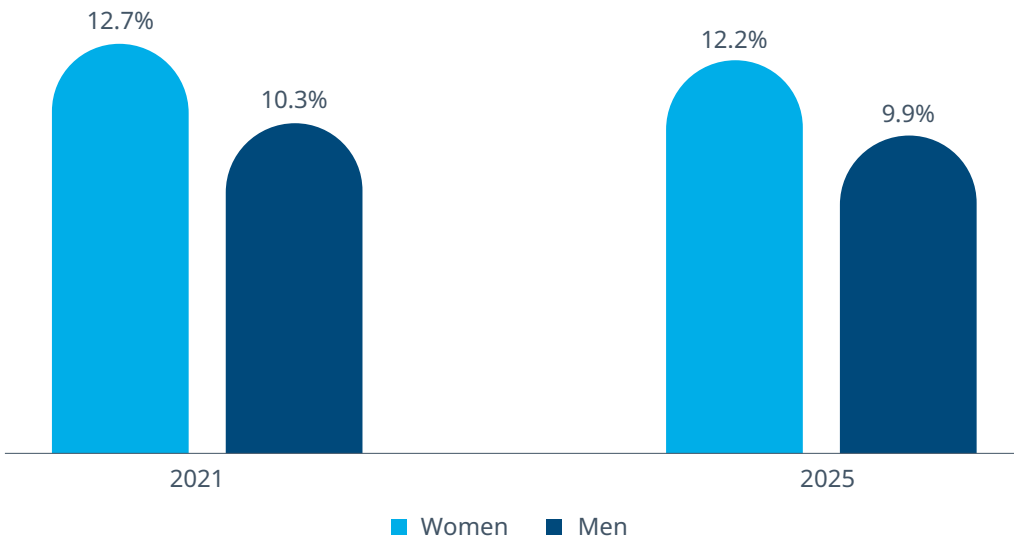
Prevalence of opioid use to treat pain in selected health regions



Demographic analysis

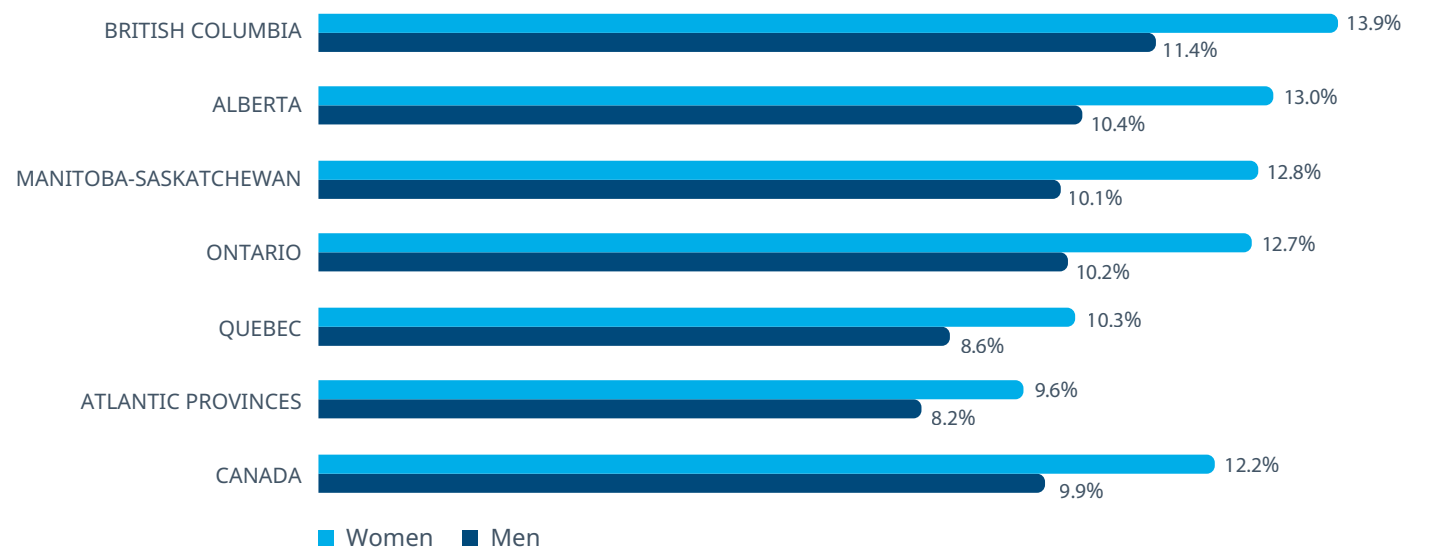
In Canada, between 2021 and 2025, the prevalence of opioid use for pain management decreased steadily among both women (from 12.7% to 12.2%) and men (from 10.3% to 9.9%).

Prevalence of opioid use to treat pain by sex in Canada



In 2025, the prevalence of opioid use for pain management remained higher among women than among men, both nationally and provincially. The highest rates were observed in the West, particularly in British Columbia, where they reached 13.9% among women and 11.4% among men.

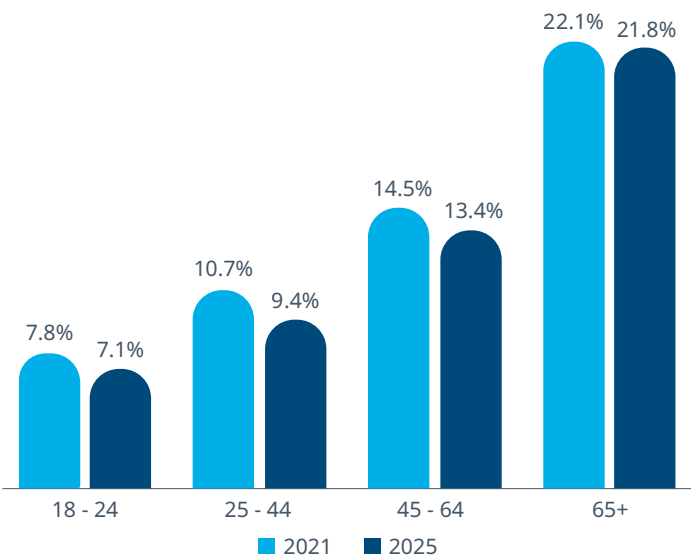
Prevalence of opioid use to treat pain by sex and province – 2025



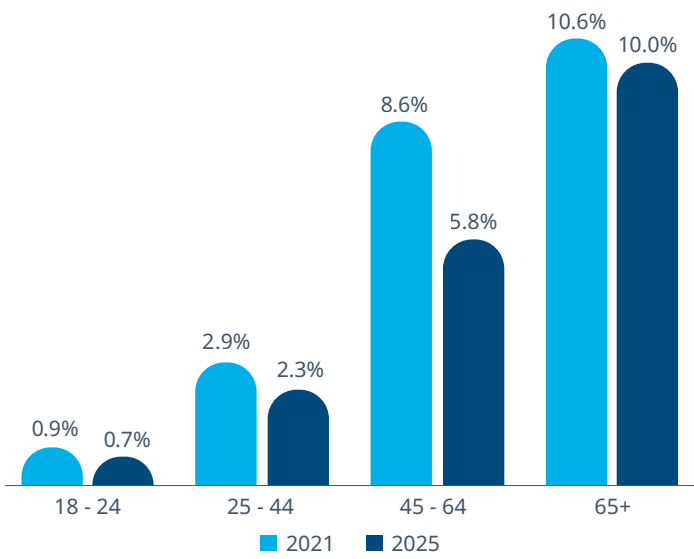
Over the period studied, the use of opioids for pain management increased with age for all treatments including those lasting longer than six months. However, a decrease was observed in all age groups in 2025 compared with 2021, although people aged 65 and older still had the highest rates.

Furthermore, the proportion of people who received long-term treatment was significantly lower than the overall rate of use, suggesting that a targeted use of opioids may help limit the risks associated with prolonged use, particularly addiction.

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

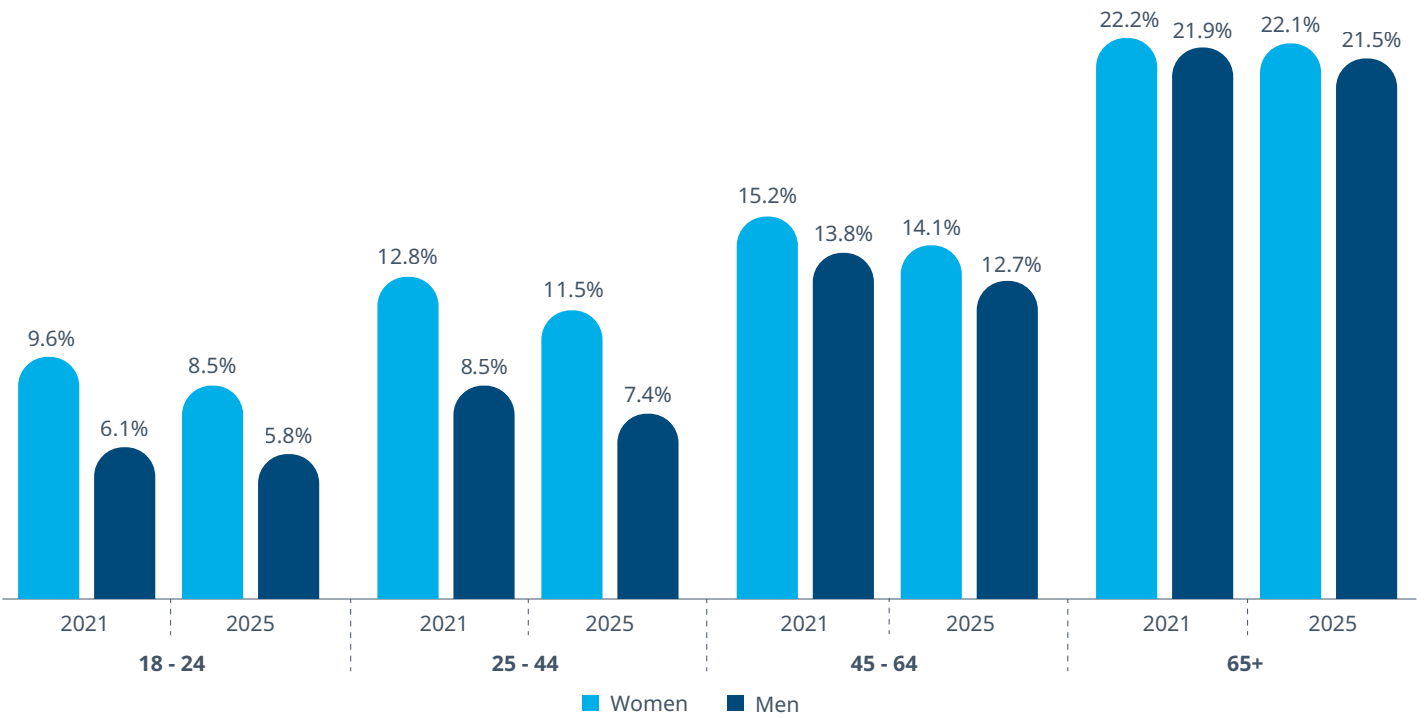


Prevalence of opioid use for pain management over a treatment period of more than six months – Canada



Opioid use in Canada decreased slightly between 2021 and 2025 across all age groups. Women continued to outnumber men in terms of use, and people aged 65 and older remained the group with the highest rate of use, at about one in five people.

A Canadian profile of opioid use for pain: demographic trends between 2021 and 2025



In 2025, the prevalence of opioid use for pain management varied significantly by province, sex, and age. Rates were consistently higher among women than among men, and increased with age, peaking among people aged 65 and older. The western provinces, particularly Alberta and British Columbia, had the highest prevalence rates, while Quebec and the Atlantic provinces had the lowest. This overview highlights regional and demographic differences that suggest distinct clinical practices, health profiles, and population contexts across the country.

A Canadian profile of opioid use for pain: provincial and demographic variations – 2025								
	18-24		25 - 44		45 - 64		65+	
	Women	Men	Women	Men	Women	Men	Women	Men
BRITISH COLUMBIA	9.3%	6.5%	12.8%	8.5%	15.2%	14.1%	24.9%	23.5%
ALBERTA	9.9%	6.7%	12.7%	8.2%	16.8%	14.8%	25.9%	24.8%
MANITOBA-SASKATCHEWAN	9.3%	5.8%	13.2%	8.9%	17.0%	14.9%	22.3%	21.4%
ONTARIO	8.2%	5.6%	11.2%	6.9%	14.4%	12.9%	24.8%	24.0%
QUEBEC	8.3%	5.5%	10.8%	7.0%	11.7%	10.5%	16.3%	16.7%
ATLANTIC PROVINCES	6.3%	4.0%	8.0%	5.4%	11.0%	10.2%	16.2%	16.1%
CANADA	8.5%	5.8%	11.5%	7.4%	14.1%	12.7%	22.1%	21.5%

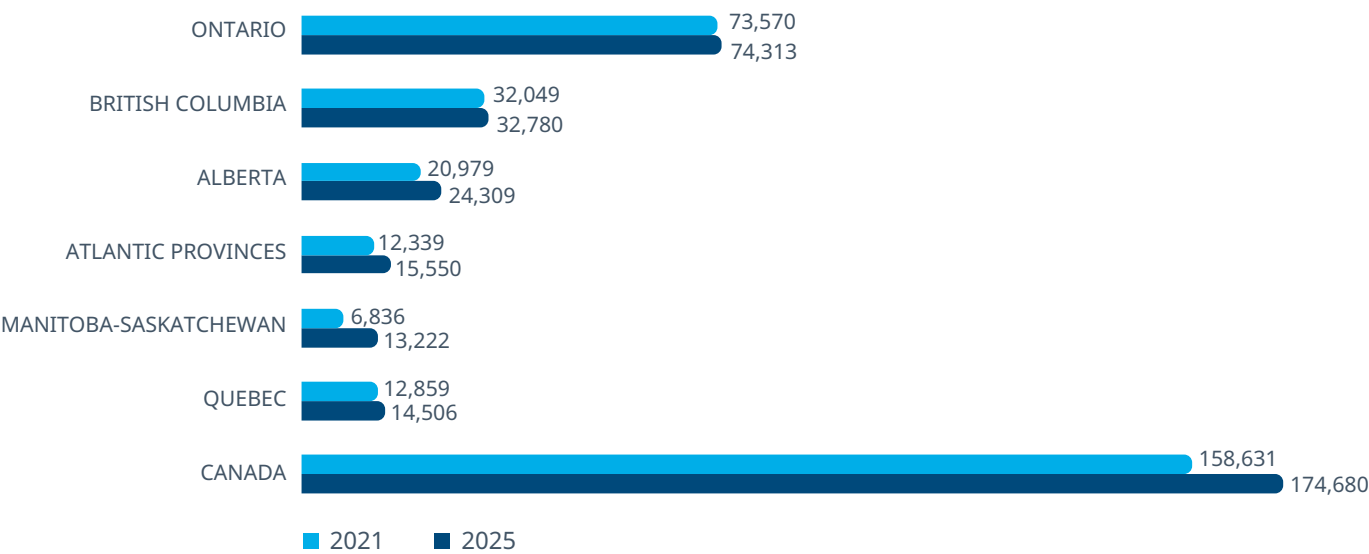
Opioid addiction treatments

Data on treatments for opioid use disorder (also referred to as “addiction” in this report) reflect the use of methadone, buprenorphine/naloxone and extended-release injectable buprenorphine (Sublocade), which are the primary opioid agonist therapies (OAT) in Canada. Methadone may also be prescribed, albeit less frequently, for the management of chronic pain. Since these treatments often require regular dispensing or supervision, particularly at the start of treatment, they contribute significantly to the total number of prescriptions recorded.

National and provincial trends

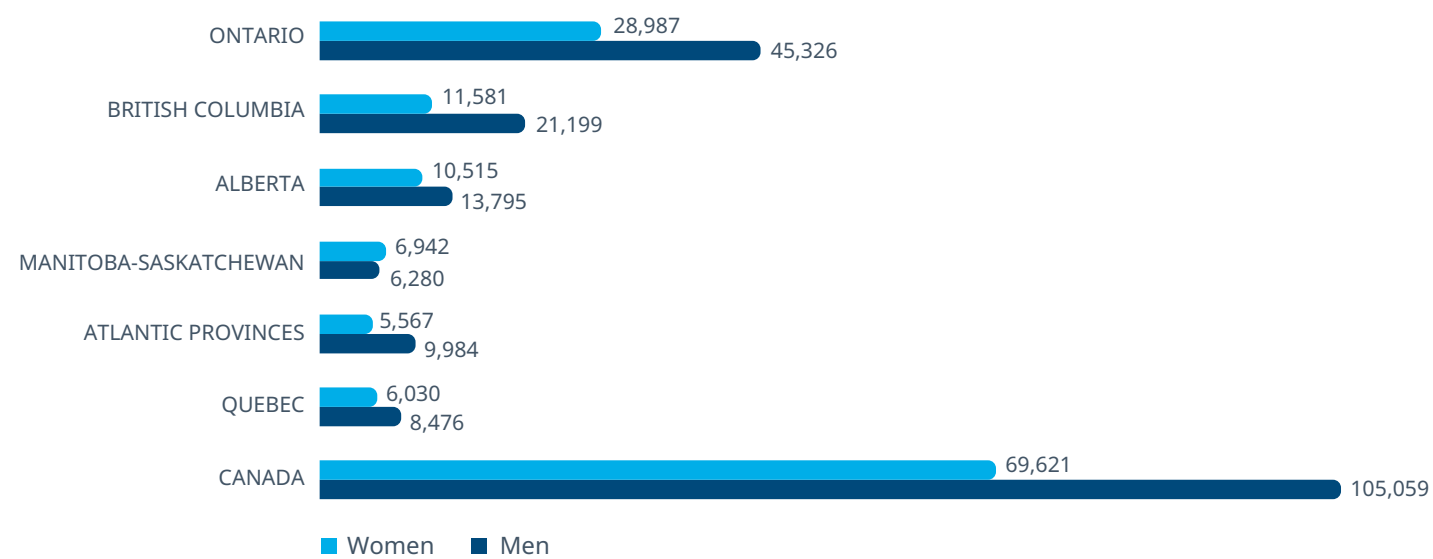
The number of people using OAT increased by 10% in Canada between 2021 and 2025, with significant variations among the provinces. Manitoba and Saskatchewan saw the sharpest increase (+93%), followed by the Atlantic provinces (+26%), Alberta (+16%), and Quebec (+13%). In contrast, Ontario and British Columbia showed more modest changes despite a high volume of people treated. These results highlight contrasting regional dynamics in the use of OAT.

Individuals by province receiving OAT



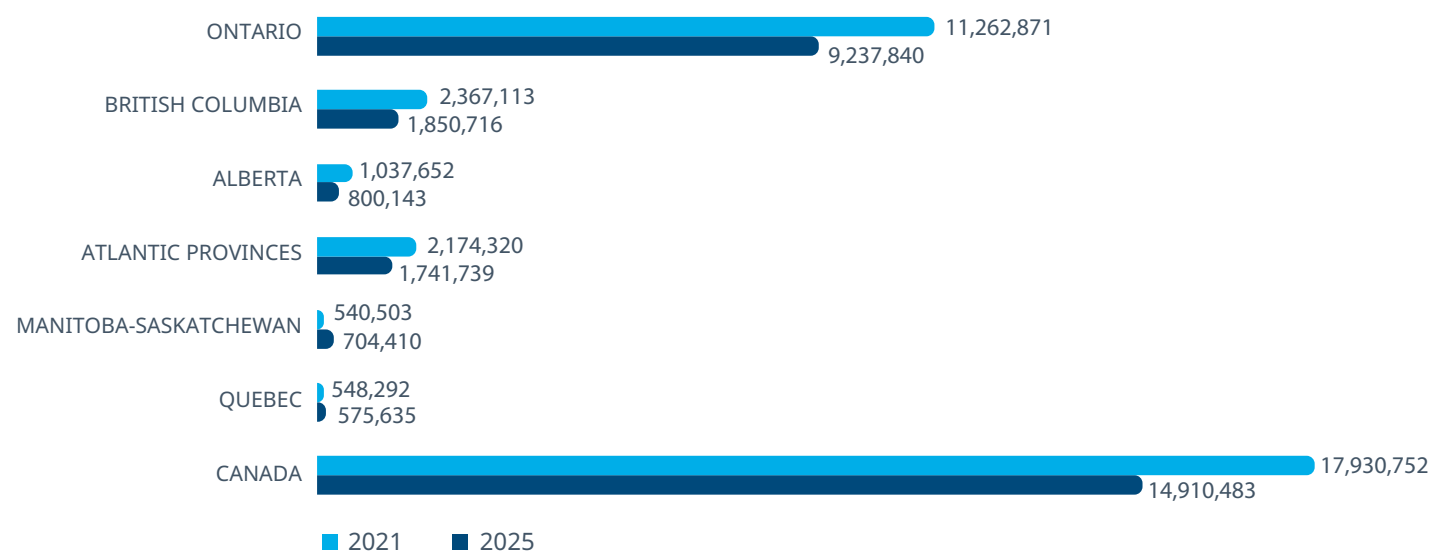
In 2025, men accounted for 60% of people receiving OAT in Canada, a trend observed in most provinces, with the exception of Manitoba and Saskatchewan, where women represented the majority of those people receiving OAT. Ontario had the highest number of people receiving treatment among both men and women.

Individuals receiving OAT by province and sex, 2025



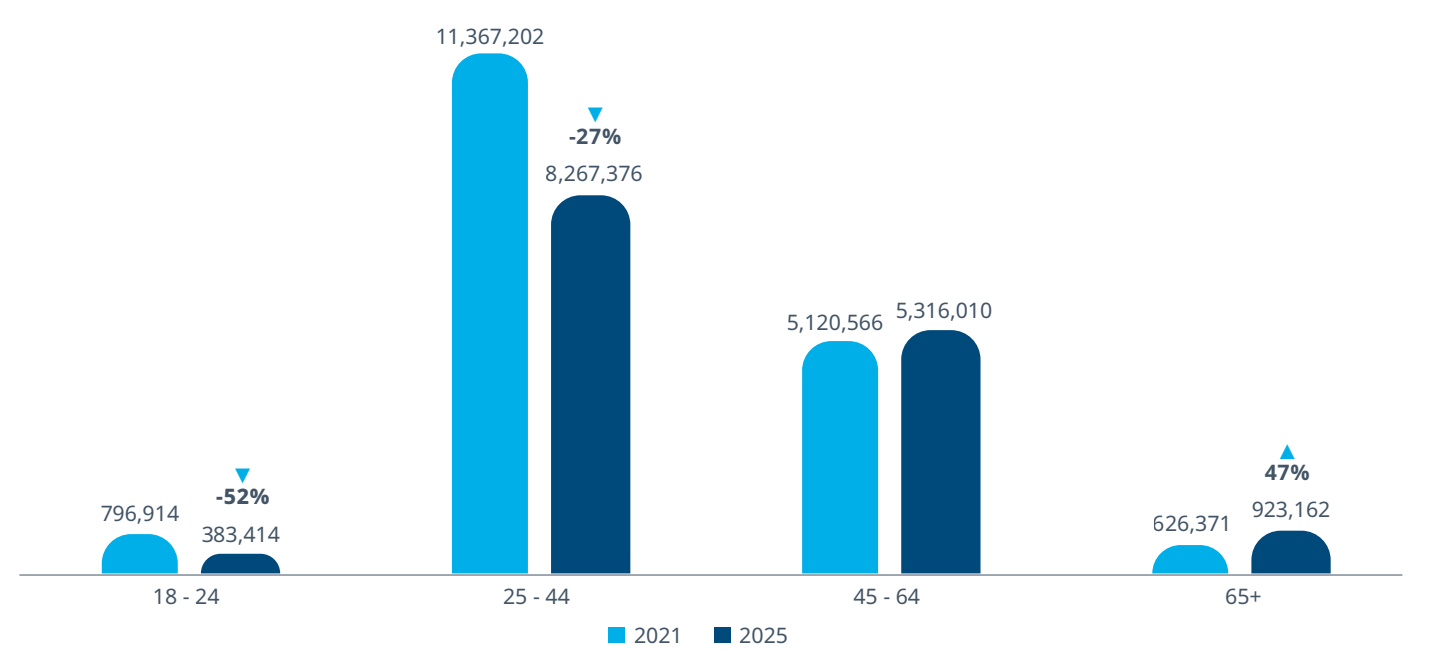
Between 2021 and 2025, the number of prescriptions for OAT declined by approximately 17% in Canada. Only Quebec, Manitoba, and Saskatchewan saw increases, while the other regions experienced declines. These differences reflect contrasting provincial trends in access, prescribing practices, and the use of OAT.

Prescriptions dispensed for OAT by province



Nationwide, the vast majority of OAT prescriptions (90%) were concentrated among adults aged 25 to 64 during the two-year period under review. However, trends varied by age group between 2021 and 2025: the number of prescriptions decreased by 52% among young adults aged 18 to 24 and by 27% among those aged 25 to 44, while it increased by 47% among those aged 65 and older.

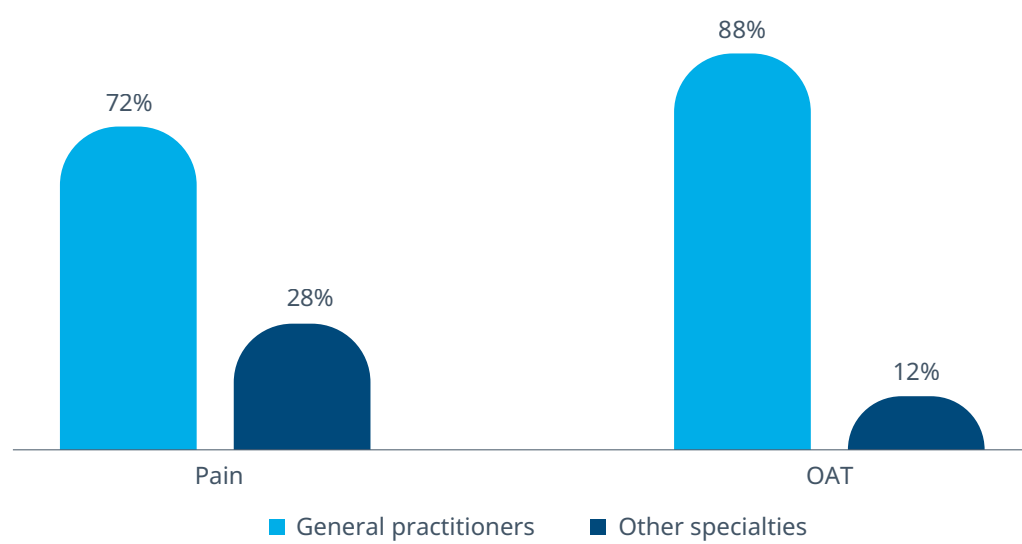
Prescriptions for OAT in Canada by age group



Analysis of prescribers*

In 2025, general practitioners initiated the majority of opioid treatments in Canada, accounting for 72% of new prescriptions for pain and 88% for OAT.

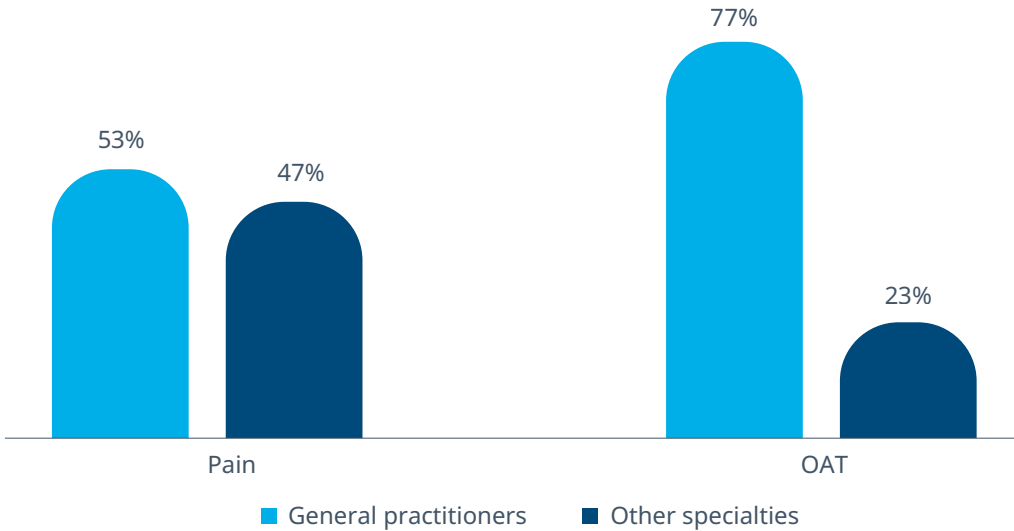
Distribution of new opioid prescriptions by medical specialty in Canada – 2025



* Prescriber dispensing data are not available for Newfoundland and Labrador, Prince Edward Island, Manitoba, and British Columbia and are, therefore, not included in the calculations.

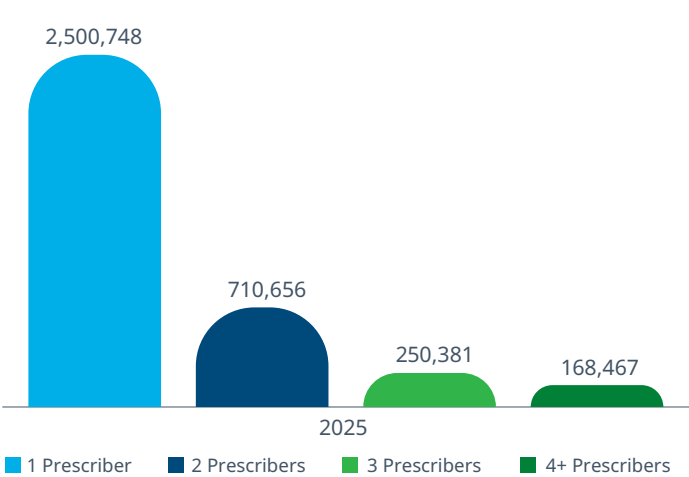
In 2025, general practitioners accounted for 53% of prescribers who initiated opioid treatment for pain, a proportion that rose to 77% for new prescriptions related to OAT. Other medical specialties accounted for 47% of prescribers for pain and 23% for OAT.

Percentage of prescribers by medical specialty who initiated opioid treatment in Canada – 2025



In 2025, most people who received opioids for pain management were treated by a single prescriber (2.5 million), while just over 168,000 users obtained their prescriptions from four or more prescribers. Patients treated by a single prescriber received an average of three prescriptions (123 units), compared with 17 prescriptions (740 units) among those with four or more prescribers.

Individuals who received opioid prescriptions for pain management from 1, 2, 3, or 4+ prescribers –2025



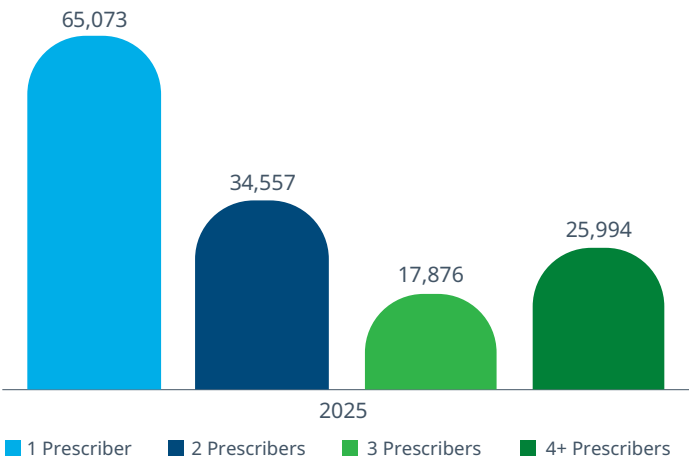
Average number of prescriptions and units per opioid user for pain management in Canada – 2025

Distinct prescribers	Average number of prescriptions per user	Average number of units* per user
1 Prescriber	3	123
2 Prescribers	7	294
3 Prescribers	10	443
4+ Prescribers	17	740

* One unit is equivalent to one tablet or one oral dose

In 2025, the majority of people on OAT received their prescriptions from one or two prescribers (65,073 and 34,557), while approximately 26,000 consulted four or more. The intensity of treatment increased with the number of prescribers: from an average of 56 prescriptions (1,205 units) for a single prescriber to 157 prescriptions (3,463 units) for patients followed by four or more prescribers.

Individuals on OAT who received prescriptions from 1, 2, 3, or 4+ prescribers – 2025



Average number of OAT prescriptions and units dispensed per person in Canada – 2025

Distinct prescribers	Average number of prescriptions per user	Average number of units* per user
1 Prescriber	56	1,205
2 Prescribers	75	1,893
3 Prescribers	97	2,432
4+ Prescribers	157	3,463

* One unit is equivalent to one tablet or one oral dose

Recommendations for healthcare stakeholders

IQVIA collaborates with policymakers, clinicians, researchers, and educators by providing them with evidence-based data that supports their initiatives and complements their expertise. This information can help to:

- Better integrate national, provincial, and regional data to quickly spot changes in usage and emerging trends;
- Clarify care pathways for patients exposed to opioids, particularly when multiple prescribers are involved;
- Document prescribing practices across specialties – including the use of emerging analgesics – to support training and the development of guidelines;
- Identify regions where usage is growing rapidly in order to help local partners target their support and awareness-raising efforts;
- Support the evaluation of provincial policies and programs through regular comparative analyses.

Limitations

The use of IQVIA data is subject to certain limitations. These data do not include information on:

- Prescriptions written but never dispensed;
- Prescriptions dispensed in hospitals and prisons;
- Medications that were dispensed but not consumed by patients;
- Diagnoses associated with dispensed prescriptions;
- Clinical indications and comorbidities;
- Medication adherence and clinical outcomes;
- Factors that may explain variations observed among provinces or demographic groups;
- Use of opioids obtained from illicit sources.

Consequently, the data presented can be used to describe medication utilization trends, but cannot on their own be used to assess the clinical appropriateness of treatments or establish causal relationships.

Methodology and database sources

Statistics have been generated from fully anonymized opioid prescriptions dispensed by a panel of community pharmacies between 2021 and 2025 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.⁴

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

Class	Molecule
Opioid agonists	Codeine
	Hydromorphone
	Morphine*
	Oxycodone
	Fentanyl
	Meperidin
	Methadone (dependence)
	Tramadol
Partial/mixed opioid agonists	Buprenorphine (pain)
	Buprenorphine, extended-release injectable (dependence)
	Buprenorphine naloxone (dependence)
	Pentazocin

* Since extended-release oral morphine (EROM) can be used both for pain management and as part of opioid agonist therapy (OAT), Kadian has been classified under the category of “pain”.

4. Data tables, 2021 population census

CONTACT US
iqvia.com/canada

ABOUT IQVIA

IQVIA (NYSE:IQV) is a leading global provider of clinical research services, commercial insights and healthcare intelligence to the life sciences and healthcare industries. IQVIA's portfolio of solutions are powered by IQVIA Connected Intelligence™ to deliver actionable insights and services built on high-quality health data, Healthcare-grade AI®, advanced analytics, the latest technologies and extensive domain expertise. IQVIA is committed to using AI responsibly, with AI-powered capabilities built on best-in-class approaches to privacy, regulatory compliance and patient safety, and delivering AI to the high standards of trust, scalability and precision demanded by the industry. With approximately 93,000 employees in over 100 countries, including experts in healthcare, life sciences, data science, technology and operational excellence, IQVIA is dedicated to accelerating the development and commercialization of innovative medical treatments to help improve patient outcomes and population health worldwide. Established in Canada in 1960 in Montreal, IQVIA has more than 1,600 employees in offices located in the provinces of Quebec, Ontario and Nova Scotia.

IQVIA is a global leader in protecting individual patient privacy. The company uses a wide variety of privacy-enhancing technologies and safeguards to protect individual privacy while generating and analyzing information on a scale that helps healthcare stakeholders identify disease patterns and correlate with the precise treatment path and therapy needed for better outcomes. 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 diseases, human behaviors and scientific advances, in an effort to advance their path toward cures. Learn more: <http://www.iqvia.com/canada>

