

WHY WE NEED A **QUALITY STANDARD** FOR

Opioid Use Disorder in Ontario

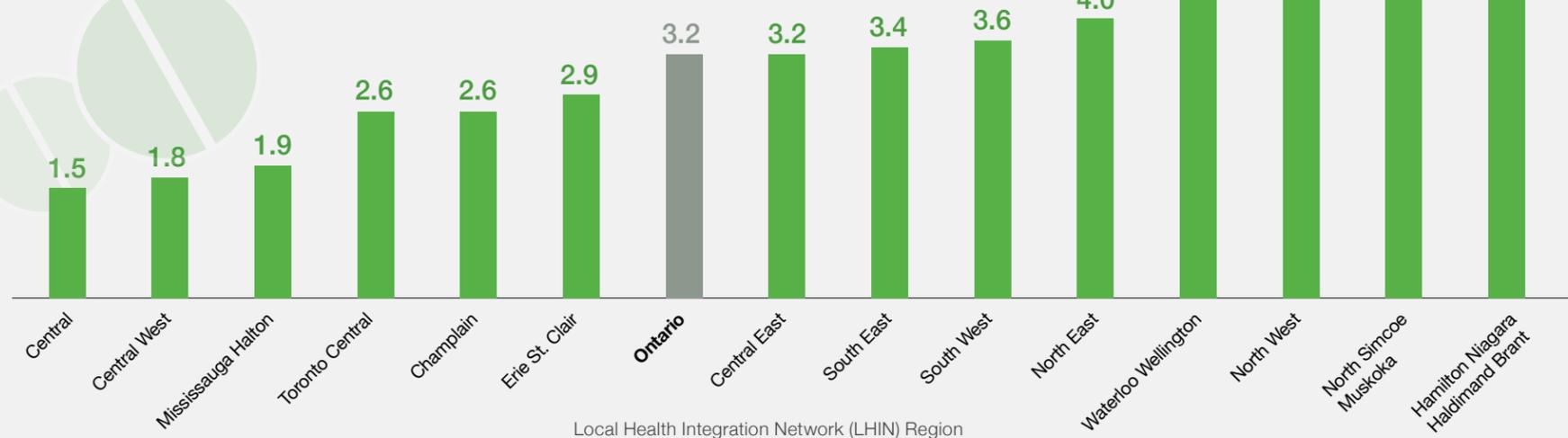
Opioid use disorder is a serious, life-threatening condition and is associated with significant impairment and distress.¹

People with opioid use disorder have a mortality rate that is more than 10 times that of the general population.² In Ontario, approximately 1 in every 8 deaths among people 25 to 34 years old is related to opioid use.³



The rate of **opioid-related emergency department visits** is nearly **four times higher** in some regions of Ontario compared with others.

In 2016, the rate of opioid-related visits to the emergency department was **3.2 per 10,000 population** province-wide, and **varied between regions from 1.5 to 5.4 per 10,000 population.⁴**

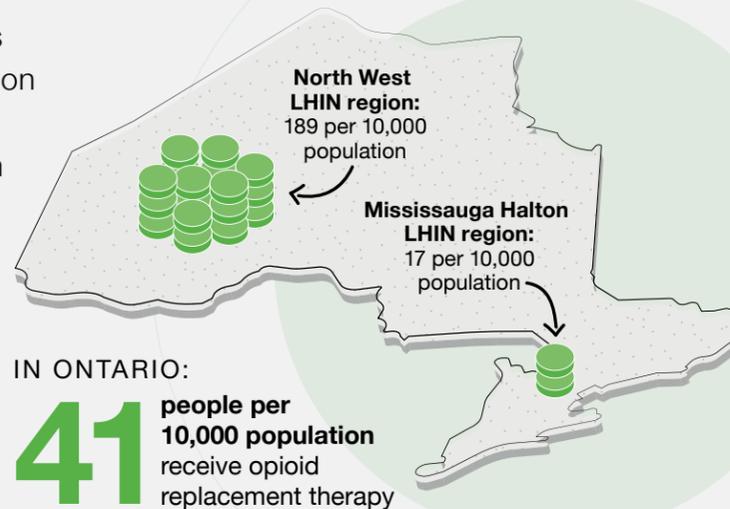


People with opioid use disorder **may not be able to access** the care they need.⁵

This includes **access to buprenorphine/naloxone and methadone** — effective opioid replacement therapies for opioid addiction.⁶

The rate at which these medications are dispensed to treat opioid addiction is up to **11 times higher** in some regions than in others, ranging from **17 to 189 people per 10,000 population** receiving either drug.

Reasons for this variation may include differences in need and in access to treatment.



The **opioid-related death rate** in Ontario increased by

285%

between 1991 and 2015.⁷

OPIOID-RELATED DEATHS:

53 per million population in **2015**

14 per million population in **1991**



Together, we can improve the quality of care for people living with opioid addiction and their families.

That's why Health Quality Ontario — in collaboration with health care providers, people who have used opioids, and their families and caregivers — has developed this quality standard outlining what quality care looks like.

hqontario.ca/qualitystandards

¹ American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington (VA): The Association; 2013.

² Hser Y, Mooney L, Saxon A, Miotto K, Bell D, Zhu Y, et al. High mortality among patients with opioid use disorder in a large healthcare system. J Addict Med [Internet]. 2017 [cited 2017 July]. Available from: <https://insights.ovid.com/pubmed?pmid=28426439>

³ Gomes T, Mamdani MM, Dhalla IA, Cornish S, Paterson MJ, Juurlink DN. The burden of premature opioid-related mortality. Addiction. 2014;109(9):1482-8.

⁴ Public Health Ontario. Opioid-related morbidity and mortality in Ontario. Retrieved September 22, 2017 at <http://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx#maps>

⁵ Brien S, Grenier L, Kapral M, Kurdyak P, Vigod S. Taking stock: a report on the quality of mental health and addictions services in Ontario. An HQO/ICES report [Internet]. Toronto (ON):

Health Quality Ontario and Institute for Clinical Evaluative Sciences; 2015 [cited 2017 April]. Available from: <http://www.hqontario.ca/Portals/0/Documents/pr/theme-report-taking-stock-en.pdf>

⁶ Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database of Systematic Reviews 2014, Issue 2. Art. No.: CD002207. DOI:10.1002/14651858.CD002207.pub4

⁷ Gomes T, Greaves S, Martins D, et al. Latest trends in opioid-related deaths in Ontario: 1991 to 2015. Toronto: Ontario Drug Policy Research Network; April 2017. Available from: http://odprn.ca/wp-content/uploads/2017/04/ODPRN-Report_Latest-trends-in-opioid-related-deaths.pdf

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