

Pharmacy dispensations of opioids to First Nations people in Alberta

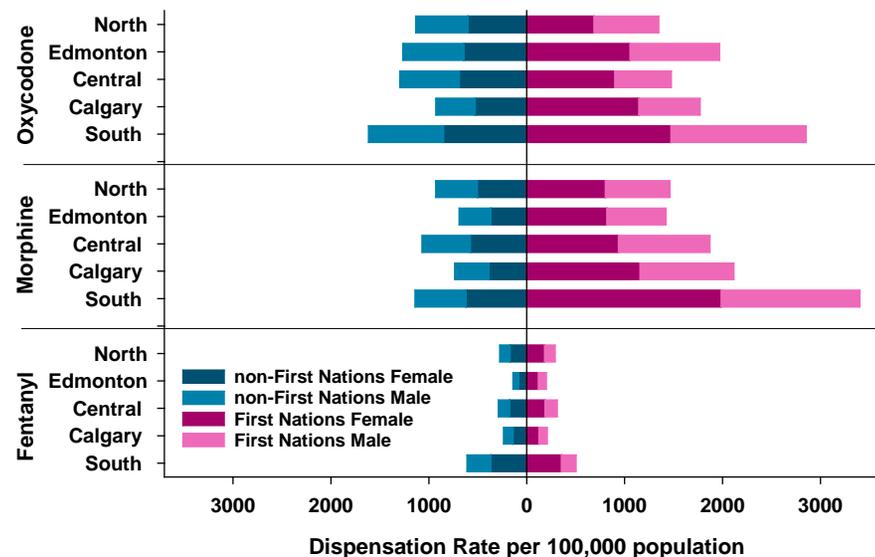
Age-standardized dispensation rates by opioid type, healthcare zone, sex, and First Nations status, 2011-2015

Oxycodone, morphine, and fentanyl are opioid drugs used to decrease pain. Long-term use can potentially lead to tolerance where an increased dose is required to achieve the same level of pain relief. An overdose of opioids can be fatal: the recent increase in these deaths in Alberta appears to be mostly due to illicitly sourced fentanyl (that is, non-prescribed).

In a previous edition of *First Nations—Health Trends Alberta*, age-specific opioid drug dispensation rates were presented by sex and First Nations status. Here¹ we provide age-standardized rates for a first dispensation of oxycodone (excluding combinations), morphine, or fentanyl stratified by healthcare zone, sex, and First Nations status. Age standardized rates are averaged over 5 years (2011 to 2015). Oxycodone exclusions include combinations with acetylsalicylic acid, acetaminophen, and naloxone. The Pharmaceutical Information Network (PIN) was used to obtain information on opioid drugs dispensed from community pharmacies in Alberta.

Dispensation rates of oxycodone, morphine, and fentanyl highest in the South Zone

Overall, there was an annual average of 1,700 First Nations (1,788 per 100,000 population) and 35,000 non-First Nations (1,020 per 100,000 population) people who had at least one dispensation of oxycodone, morphine, or fentanyl. For each opioid drug, dispensation rates were highest in the South Zone among both First Nations and non-First Nations peoples. Dispensation of morphine in males and females was approximately three times higher among First Nations than non-First Nations peoples in both Calgary and South Zones. The dispensation rate of oxycodone in females was 2.2 times higher among First Nations than non-First Nations people in Calgary Zone (1.6 times higher in males). Fentanyl dispensations are comparable between First Nations and non-First Nations people except in the South Zone where non-First Nations males (241 per 100,000 population) had rates 1.7 times higher than First Nations males (145 per 100,000 population). Note that these results do not include non-prescribed drugs and cannot be generalized to a specific First Nation community.



¹ This is the 12th in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC (communications@afnigc.ca; 403-539-5775).