

Anonymized data about healthcare utilization was used to examine the rates of new cases of opioid use disorder (OUD) among youth in British Columbia compared to other age groups between January 2010 and March 2023.

## Key Messages

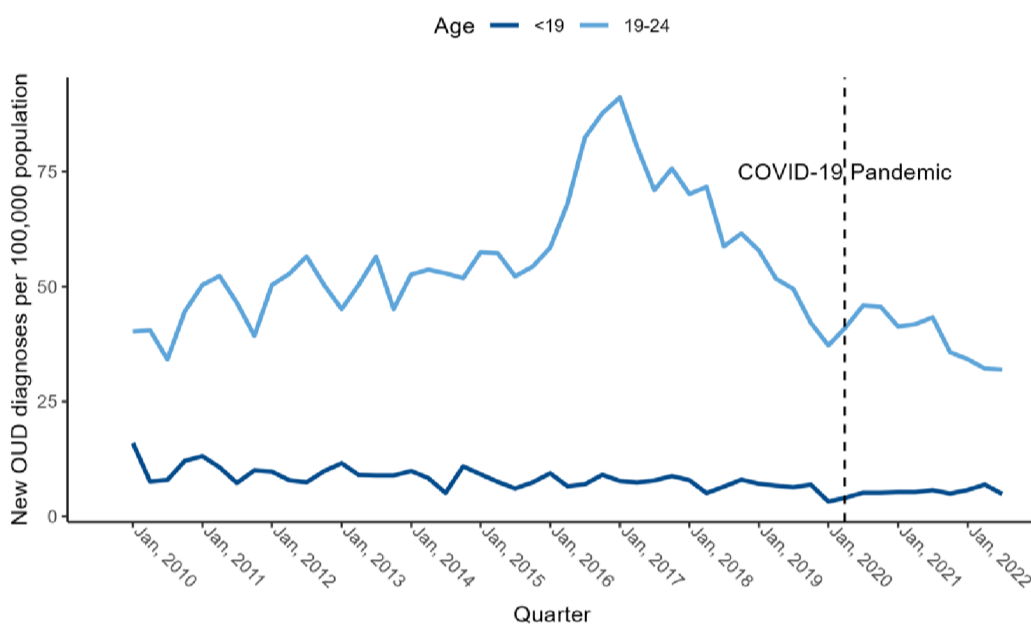
- There has not been an increase in new diagnoses of OUD among young people under 25 years since March 2020.
- Rates of new diagnoses of OUD among youth under 19 years are low compared to other age groups.

## Incidence rate (new cases) of diagnosed opioid use disorder among youth under 25 years in BC‡

Among people 19-24 years, the incidence rate of new diagnoses of OUD has been decreasing since 2017.

- The peak of new OUD cases in 2017 may be related to efforts to increase access to OAT in BC.

Among youth under 19 years, the incidence rate has remained stable and low from January 2010 to September 2022.

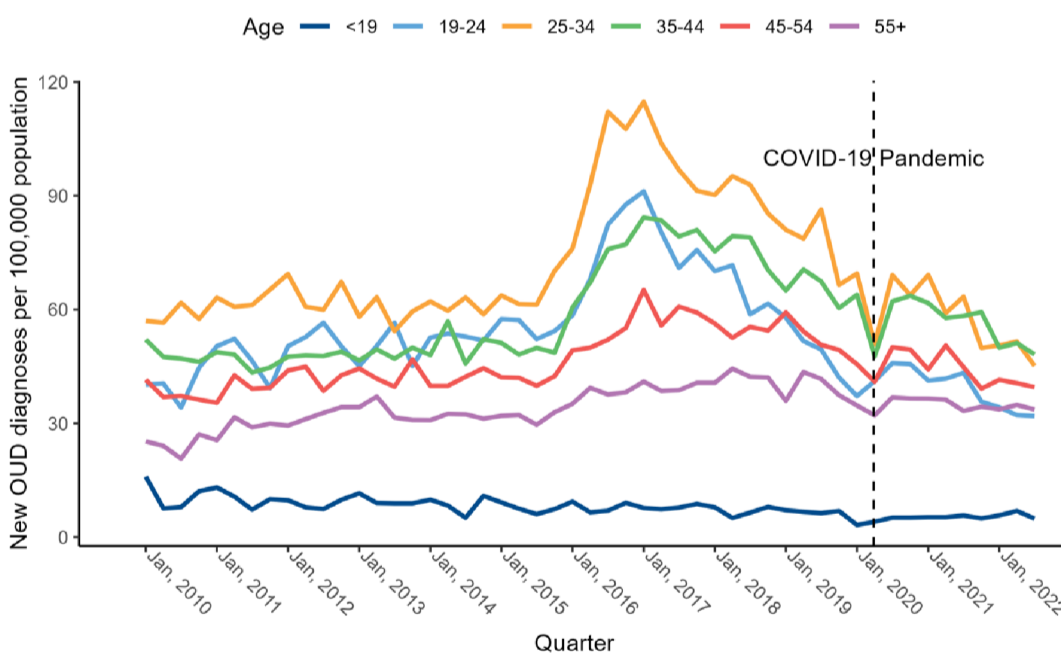


‡ The case definition identifies people who received a diagnosis of OUD and does not include people without an OUD diagnosis who had health care contact for a drug poisoning event. This definition was used because drug poisoning events can occur without the presence of OUD. The addition of drug poisoning codes can increase the rate of cases by approximately 2.4 to 6.4 per 100,000 per year (6 to 29.5%) in the <19 years group and approximately 6.6 to 16.9 per 100,000 per year (3.1 to 11.6%) in the 19-24 age group, but does not change the overall trend.

## Incidence rate (new cases) of diagnosed opioid use disorder by age group in BC

The rate of new OUD diagnoses has been stable or declining across all age groups since 2017.

- Since January 2010, the incidence rate of new diagnoses of OUD among youth under 19 years have been low compared to other age groups in BC.



## Methods

Persons were identified as diagnosed with OUD if:

- there were two outpatient physician billing records in a year OR one hospitalization OR one emergency department visit with codes for OUD; OR
- one pharmacy dispensation for opioid agonist treatment (OAT).

A person was categorized as a new OUD case the year of the first OUD diagnosis in the study period. PharmaNet, Medical Services Plan, Discharge Abstract Database, and National Ambulatory Care Reporting System data from the BCC19C were used for this analysis and provided to the BC Centre for Disease Control by the BC Ministry of Health.

## Strengths and Limitations

These data are provincial and include people who access healthcare through emergency departments, hospitals, outpatient physician visits, and pharmacies.

Results are descriptive. Additional work is needed to examine the association between rates of new OUD diagnosis and prescribed safer supply availability across age groups in BC.

These results present people with OUD who have received a medical diagnosis. Many factors impact how likely people are to receive a diagnosis for OUD, including stigma and access to healthcare. Indigenous people and people in rural and remote communities may face barriers in accessing healthcare.