

## Why was the study done?

Prescription opioids are generally not recommended as first-line treatment for chronic non-cancer pain because they are associated with several risks and limited long-term benefit. However, in spite of these concerns, opioids are commonly prescribed for this reason. Studies have estimated average rates of opioid misuse and addiction following long-term opioid treatment to be 21-29% and 8-12%, respectively.

Use of prescription opioids for pain could also be associated with a higher risk of initiating injection drug use (IDU). Previous studies suggest some people associate their initiation of illicit/injection drug use to prior prescription opioid use. Transitions from prescription drug use to illicit/injection drug use may be a result of increasing drug tolerance (a requirement for a larger dose of drug to obtain the same effect), a need to manage uncontrolled pain or withdrawal symptoms, and/or sudden discontinuation of treatment.

Previous research has mostly focused on self-reported, so-called non-medical, prescription opioid use – which often entails diverted prescription opioids obtained from friends, family members or drug dealers. Little was known about the initiation of IDU among individuals medically prescribed opioids to manage pain. This new study used data from the British Columbia Hepatitis Testers Cohort to look at IDU initiation among individuals who did not have a prior history of substance use and were dispensed prescription opioids for non-cancer pain between 2000 and 2015.

## What were the main findings?

- Of the 15,000 people who received chronic prescription opioid treatment, half had used opioid medications on most days for more than two years.
- IDU initiation among people who received chronic prescription opioid treatment was about 8 times more common than among people with no prescription opioid use at study start, after adjusting for differences between populations.
- The rate of IDU initiation among people with chronic opioid use was infrequent overall (about 4% within 5 years), but higher than people who had episodic (1.3%) or acute use (0.7%) or no history of prescription opioid use (0.4%).
- IDU initiation was more frequent with higher prescribed opioid doses and among younger people.

## How can these findings be used?

These findings **should not** be used to support involuntary tapering/discontinuation of long-term opioid treatment for non-cancer pain. Inappropriate discontinuation or denial of treatment could increase the risk of harms and lead to illicit drug use in some individuals – potentially increasing risk of overdose and death due to the contaminated illicit drug supply.

This study may support the need for improved access to multidisciplinary pain management approaches and/or more judicious opioid prescribing (e.g., optimization of non-opioid options, avoiding escalation to high doses, slow and voluntary tapering to lowest effective dose for people on high doses).

The Canadian Pain Task Force has identified a need to foster shared decision making between providers and individuals living with chronic pain and “support opioid prescribing that balances the benefits and harms of these medications based on the needs of the individual.”

## What is the reference for this study?

Wilton J, Abdia Y, Chong M, Karim ME, Wong S, MacInnes A, Balshaw R, Zhao B, Gomes T, Yu A, Alvarez A, Dart RC, Kradjin M, Buxton JA, Janjua NZ, Purssell R. [Prescription opioid treatment for non-cancer pain and initiation of injection drug use: large retrospective cohort study](#). *BMJ* 2021;375:ee066965. DOI: 10.1136/BMJ-2021-066965

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