

The ODPRN conducted a population-based study on opioid use. Key information, policy recommendations, and details from the study are highlighted

Ontarians Using Chronic Opioids at Dangerous Doses

One in 55 people started on long-term opioid were be prescribed a dangerous daily dose

Why did we do this study?

To provide patients with information around the potential dangers of taking an opioid prescription

The Research Minute summarizes key points from a research study conducted by the ODPRN.

What were we investigating?

In this study we investigated risks of opioid dose escalation and death due to opioid overdose over a 13-year period.

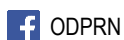
Where can I find more information?

The full study is available [here](#)

About ODPRN

We leverage cutting-edge research methodology and rapidly incorporate findings into policy reports for decision-makers on real-world drug utilization, safety, effectiveness, and costs.

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KEY POINTS

- Opioids are a group of prescription drugs that relieve pain; however, previous research has shown them to be addictive and potentially dangerous, particularly in combination with other drugs (such as sedatives) and alcohol.
- One of every 55 people receiving long-term opioids will have their daily dose increased to dangerous amounts.
- One of every 550 people receiving long-term opioids will die from opioid overdose.

PATIENT RECOMENDATIONS

- Be aware of the dangers of taking prescription opioids, particularly for long durations.
- Contact your health care practitioner with any questions regarding the safety of opioid medications.

STUDY DETAILS

- The ODPRN conducted a population-based retrospective cohort study of adults aged 15 to 64 prescribed opioids for noncancer pain between April 1, 1997 and December 31, 2010. Long-term opioid therapy was defined as greater than 90 days of continued opioid therapy.
- High dose opioid formulations were defined as tablets or transdermal patches that would lead to a daily dose exceeding the 'watchful dose' set by Canadian Guidelines (≥ 200 mg morphine equivalents). Opioid-related death was determined by the office of the Chief Coroner of Ontario.
- During the study period, we identified 32,449 new users who initiated chronic opioid therapy for noncancer pain. Among these patients, 319 men and 270 women escalated to high dose therapy, while 37 men and 22 women died of opioid-related causes.
- After multivariable adjustment, men were more likely than women to both escalate to high-dose therapy (adjusted hazard ratio 1.44; 95% confidence interval 1.21 to 1.70) and twice as likely to die of opioid-related causes (adjusted hazard ratio 2.04; 95% confidence interval 1.18 to 3.53).