

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 individuals started on long-term opioid therapy were prescribed a dangerous daily dose

Why did we do this study?

To provide policy makers evidence to help inform decision making.

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

- One of every 45 men and 1 of every 70 women who received chronic opioid therapy escalated to a high dose therapy
- One of every 350 men and 1 of every 850 women receiving chronic opioid therapy died from opioid-related causes.
- Individuals who escalate to high dose opioid therapy were nearly 24 times more likely to die from opioids than those who do not.

POLICY IMPLICATIONS

- Strategies are needed to promote safe opioid prescribing, particularly as opioid doses begin to escalate.

STUDY DETAILS

- The ODPRN conducted a population-based retrospective cohort study of adults aged 15 to 64 who were eligible for Ontario Drug Benefits and prescribed opioids for noncancer pain between April 1, 1997 and December 31, 2010. Chronic 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 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).