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BCCDC Public Knowledge Summary

Public Knowledge Summaries provide ongoing and emerging information on BC Centre for Disease Control analytical findings.

Title: Analyzing prescription drug histories among people who overdose
Date of Release: February 21, 2018
Analysis Lead: Dr. Kate Smolina, BC Centre for Disease Control and BC Observatory for Population and Public Health
Data Source: BC Provincial Overdose Cohort study

The ongoing BC Provincial Overdose Cohort study brings together information on the past medical history of people experiencing overdose in order to help better understand factors that are associated with overdose in the province and to inform response efforts. In the study, a cohort of people with at least one fatal or non-fatal drug-related overdose between January 1st, 2015 and November 30th, 2016 (i.e. the Overdose Cohort) was compared with a randomly selected group of BC residents of similar age sex, and area of residence.

This analysis, led by the BC Centre for Disease Control, examined prescription drug histories among people who overdosed in 2015 and 2016 in B.C. Preliminary findings indicate that people who overdosed were more likely to have had a prescription for opioid for pain and to have used prescription opioids on a long-term basis at some point over the past five years, compared to the Control group. However, prescription records also indicate that at the time of overdose, most people did not have an active prescription for an opioid for pain and a significant proportion had not filled an opioid prescription for pain in the past five years. Further modelling of prescribing patterns together with other risk factors will be conducted to determine the relative impact of different risk factors.

The findings also show that those who overdosed tended to have more prescriptions for psychotropic substances (medications that have effects on the brain, such as antidepressants and antipsychotics) than the Control group. As well, dispensation rates indicate that many who overdosed were using healthcare services. Further work is underway to determine what specific services are being accessed and why, in order to improve strategies for early intervention with those at risk.

Current or past use of medications to treat substance use disorder was not common among the Overdose Cohort. While the 2015/16 data may not reflect current clinical practice, it suggests



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that there may be room for improvement in expanding access to and encouraging take up of substance use treatment.

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