Title: Analyzing prescription drug patterns of use among people who overdose

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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 drug-related overdose in order to help public health stakeholders involved in the response to better understand factors that are associated with overdose in the province, and in turn 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.

These analyses, led by the BC Centre for Disease Control, follows earlier work that examined prescription drug histories among people who overdosed in 2015 and 2016 in B.C. (for more details, click here).

First, the team took a closer look at (i) recent initiation, (ii) recent discontinuation and (iii) active tapering patterns of opioids for pain prior to overdose. Early findings suggest that all three types of prescription opioid for pain use are relatively rare among individuals who overdosed, and do not appear to be important drivers of the overall drug overdose risk in the B.C. population.

Next, the analysis team looked at the introduction of Opioid Agonist Treatment (OAT)* and subsequent retention patterns following a non-fatal opioid-related overdose event. Among the group who experienced an overdose, few were undergoing OAT treatment at the time of overdose. For those individuals who were not in OAT treatment at the time of overdose, only a small proportion was initiated in the 30 days following the overdose. Retention was highlighted
as an area to focus on and investigate further as new data become available, as less than half of those who were initiated on OAT were still on treatment six months later.

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*Opioid Agonist Therapy (OAT) refers to treatment of opioid use disorder with medications (such as methadone or buprenorphine/naloxone) to reduce opioid cravings and assist patients in achieving medical stability and reducing drug-related harms.