

The Role of Opioid Prescription on University Students' Problematic Use of Opioids

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Background

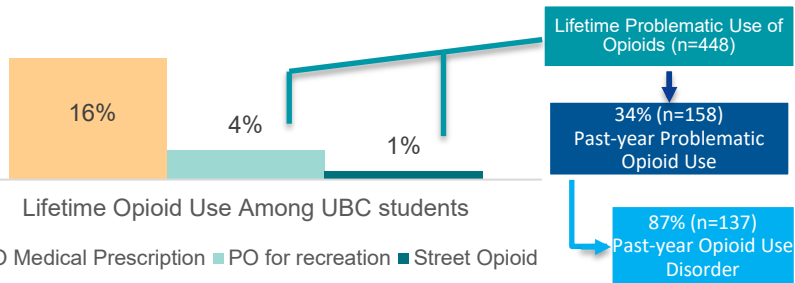
Over the past 30 years, opioid prescriptions for sub-acute and chronic pain has become widespread. Increased prescription of Pharmaceutical Opioids (PO) is one key factor contributing to the overdose crisis in Canada, which disproportionately affects young people. Understanding prescription patterns and their consequences can shed light on this important issue¹⁻².

Objectives

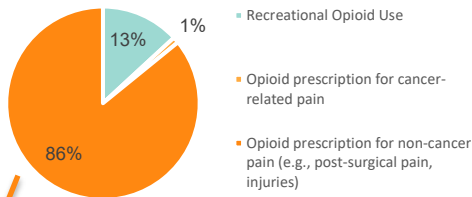
1. Determine the prevalence of opioid use among students,
2. Describe opioid prescription patterns,
3. Investigate the role of opioid prescription on later problematic use of opioids, including PO misuse and/or street opioids (e.g., heroin, fentanyl).

Methods

This study investigates data from a weekly trend study of student mental health and substance use survey administered at the University of British Columbia since 2020. A preliminary analysis was conducted using SPSS on the first 145 weeks of data extracted in November 2022 (N=15058).



Circumstances of first-time opioid use



Of this 86%, 79.5% have not tried non-opioid medication or non-pharmacologic intervention prior to opioid prescription

Discussion

- The prevalence of past-year problematic opioid use (0.9%, n=137) is relatively low in the university student population at UBC despite the higher reported rates of lifetime exposure to opioids (17.2%, n=1945).
- Most students' first opioid exposure was a prescribed PO for non-cancer pain without prior trial of non-opioid medication or non-pharmacologic intervention. This suggests that most prescriptions were not in accordance with opioid prescription guidelines.
- Compared to students who never received an opioid prescription, students who received an opioid prescription had higher odds of past-year problematic opioid use.
- In summary, our results highlight the lack of non-opioid pain management prior to being prescribed an opioid for non-cancer pain, which appears to increase the risk of later problematic opioid use, especially for those with a history of recreational opioid use. Thus, emphasizing the importance of a detailed social history (alcohol and drug history) and optimal trials of non-opioid pain management prior to considering opioid prescription based on its benefits and risks.

Multivariable logistic regression analysis of opioid prescription history and demographic characteristics associated with past-year problematic opioid use.

Characteristics	Past-year Problematic Opioid Use	
	aOR	(95% CI)
Sex		
Male	-	-
Female	0.5 **	(0.4-0.8)
Age		
19 years or younger	-	-
20 – 24 years	.8	(0.5-1.5)
25 – 29 years	.9	(0.5-1.9)
30 years or older	1	(0.5-2)
Sexual Orientation		
Heterosexual	-	-
Gay, Lesbian or Bisexual	2.2 **	(1.4-3.6)
Other	3 ***	(1.7-5.2)
Opioid Prescription History		
No	-	-
Yes	12 ***	(8-18)

Abbreviations: aOR = adjusted odds ratio; CI = confidence interval; *p<0.05; **p<0.01; ***p<0.001.

References

1. Health Canada. (2023). Opioid- and Stimulant-related Harms in Canada. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>.
2. Rummans T., Burton MT., & Dawson N. (2018) How Good Intentions Contributed to Bad Outcomes: The Opioid Crisis, Mayo Clinic Proceedings. 93(3). <https://doi.org/10.1016/j.mayocp.2017.12.020>.