

CHRONIC PAIN AND OPIOID AGONIST THERAPY AMONG PEOPLE WHO INJECT DRUGS: IS THERE POTENTIAL FOR BETTER PAIN TREATMENT OUTCOMES?

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Background:

Up to 50% of people who inject drugs (PWID) live with chronic pain (CP: intermittent or continuous pain lasting ≥ 3 months), and it is often poorly managed. Opioid agonist therapy (OAT) may contribute to CP management, but evidence is scarce and there is hesitancy to use this strategy due to unknown risks and questions about dosage and tolerance. We aimed to compare CP management among PWID on and not on OAT.

Methods:

A cross-sectional investigation was conducted among PWID participating in the HEPCO cohort study, (02.2017-03.2022). The Brief Pain Inventory (BPI) was administered to participants reporting CP, and the dataset was restricted to this subset. We conducted descriptive analyses comparing participants on and not on OAT in the past three months (indicators: i) consulting physicians for pain; ii) obtaining and using pain medication; iii) using other substances for pain). Chi-square tests were conducted to identify any differences for each indicator.

Results:

Among 543 HEPCO participants, 250 reported CP (46%). 109 of these were recently on OAT (43.6%); 141 were not (56.4%). Physician consultation and opioid prescription for pain were similar between groups (22.9% vs 24.8%, $p=1.0$ and 37.7% vs 68.9%, $p=0.77$, respectively). Greater proportions of the OAT group reported using (opioid or non-opioid) pain medication at a higher frequency than prescribed (24.5% vs 10.1%, $p=0.04$) and using pain medication for another reason, e.g. opioid use disorder (OUD) (32.1% vs 1.69%, $p<0.01$). Alcohol, cannabis, or illegal substance use for pain was similar between participants on and not on OAT (36.2% vs 26.7%, $p=0.31$).

Conclusion:

Results suggest that participants on OAT may use medications outside the bounds of their prescriptions to self-medicate. Physicians may currently be reluctant to offer OAT to patients with concurrent CP and OUD. Evidence-based clinical guidelines are needed to adequately treat CP among PWID on OAT.