

TABLE. Characteristics of incident opioid users and patients who continued opioid use for ≥365 days (1 year) and ≥1,095 days (3 years) — United States, 2006–2015

| Characteristic | All incident opioid users (N = 1,294,247) | | Patients who continued opioid therapy for ≥365 days (n = 33,548) | | Patients who continued opioid therapy for ≥1,095 days (n = 6,441) | |
|---|--|-------------|---|---------------|--|---------------|
| | Mean (SD) | 95% CI | Mean (SD) | 95% CI | Mean (SD) | 95% CI |
| Duration of first episode of opioid use | 14.81 (65.00) | 14.70–14.92 | 183.28 (343.27) | 179.61–186.96 | 362.40 (593.26) | 347.91–376.90 |
| Enrollment duration (yrs) | 2.48 (2.04) | 2.47–2.48 | 3.30 (1.83) | 2.47–2.48 | 4.98 (1.48) | 4.94–5.02 |
| Age (yrs) | 44.52 (14.56) | 44.50–44.54 | 49.58 (13.45) | 49.44–49.72 | 50.52 (12.68) | 50.21–50.83 |
| | No. (%) | 95% CI | No. (%) | 95% CI | No. (%) | 95% CI |
| Female | 698,950 (54.00) | 53.92–54.09 | 18,768 (55.94) | 55.41–56.47 | 3,500 (54.34) | 53.12–55.55 |
| Treatment indication | | | | | | |
| Back pain | 226,681 (17.51) | 17.45–17.58 | 10,396 (30.99) | 30.50–31.49 | 2,137 (33.18) | 32.04–34.34 |
| Neck pain | 90,352 (6.98) | 6.94–7.03 | 3,824 (11.40) | 11.06–11.74 | 775 (12.03) | 11.26–12.85 |
| Head pain | 30,123 (2.33) | 2.30–2.35 | 1,495 (4.46) | 4.24–4.68 | 306 (4.75) | 4.26–5.30 |
| Joint pain | 389,700 (30.11) | 30.03–30.19 | 14,862 (44.30) | 43.77–44.83 | 2,968 (46.08) | 44.87–47.30 |
| Patient region | | | | | | |
| South | 476,565 (36.74) | 36.64–36.83 | 13,437 (40.05) | 39.53–40.53 | 2,449 (38.02) | 36.84–39.21 |
| Midwest | 376,520 (29.09) | 29.01–29.17 | 9,566 (28.51) | 28.03–29.00 | 1,973 (30.63) | 29.52–31.77 |
| East | 279,595 (21.60) | 21.53–21.67 | 6,153 (18.34) | 17.93–18.76 | 1,234 (19.16) | 18.22–20.14 |
| West | 142,698 (11.03) | 10.97–11.08 | 3,640 (10.85) | 10.52–11.19 | 574 (8.91) | 8.24–9.63 |
| Missing/Other | 19,869 (1.54) | 1.51–1.56 | 752 (2.24) | 2.09–2.41 | 211 (3.28) | 2.87–3.74 |
| Payer type | | | | | | |
| Commercial | 866,815 (66.97) | 66.89–67.06 | 20,920 (62.36) | 61.84–62.88 | 3,910 (60.70) | 58.11–60.49 |
| Medicaid/State CHIP | 14,855 (1.15) | 1.13–1.17 | 864 (2.58) | 2.42–2.76 | 154 (2.39) | 2.05–2.79 |
| Medicare | 16,951 (1.31) | 1.29–1.33 | 1,160 (3.46) | 3.27–3.66 | 257 (3.96) | 3.52–4.48 |
| Self-insured | 387,122 (29.91) | 29.83–29.99 | 10,471 (31.21) | 30.72–31.71 | 2,089 (32.43) | 31.30–33.59 |
| RX only/Unknown | 8,504 (0.66) | 0.64–0.67 | 130 (0.39) | 0.33–0.46 | 32 (0.50) | 0.35–0.70 |
| Prescription characteristic | | | | | | |
| First prescription ≥90 MME* | 89,438 (6.91) | 6.87–6.95 | 2,613 (7.79) | 7.51–8.08 | 545 (8.46) | 7.81–9.17 |
| First prescription ≥120 MME* | 22,895 (1.77) | 1.75–1.79 | 1,075 (3.20) | 3.02–3.40 | 244 (3.79) | 3.35–4.28 |
| First long-acting opioid prescription† | 6,588 (0.51) | 0.50–0.52 | 905 (2.70) | 2.53–2.88 | 226 (3.51) | 3.09–3.99 |

Abbreviations: CHIP = Children's Health Insurance Plan; CI = confidence interval; MME = morphine milligram equivalents; RX = prescription; SD = standard deviation.
* Average daily dose was calculated as total strength of the prescription expressed in MME divided by the days' supply of the first prescription. If a patient had multiple prescriptions on the first day, the daily dose in MME for all the prescriptions on the index date were summed and divided by the days' supply of the longest lasting prescription.

† The first prescription was categorized into six mutually exclusive categories and, in case of multiple prescriptions, on the index date using the following hierarchy to assign category: 1) long-acting; 2) other Schedule II short-acting; 3) Oxycodone short-acting; 4) Hydrocodone short-acting; 5) Schedule III–IV and Nalbuphine; or 6) tramadol.

(13.7% at 1 year; 6.8% at 3 years) or a Schedule II short-acting opioid other than hydrocodone or oxycodone (8.9% at 1 year; 5.3% at 3 years) (supplemental table; <https://stacks.cdc.gov/view/cdc/44181>). The probabilities of continued opioid use at 1 and 3 years for persons starting on hydrocodone short acting (5.1% at 1 year; 2.4% at 3 years), oxycodone short-acting (4.7% at 1 year; 2.3% at 3 years), or Schedule III–IV (5.0% at 1 year; 2.2% at 3 years) opioids were similar (supplemental table; <https://stacks.cdc.gov/view/cdc/44181>).

Discussion

The probability of long-term opioid use increases most sharply in the first days of therapy, particularly after 5 days or 1 month of opioids have been prescribed, and levels off after approximately 12 weeks of therapy. The rate of long-term use was relatively low (6.0% on opioids 1 year later) for persons with at least 1 day of opioid therapy, but increased to 13.5% for persons whose first episode of use was for ≥8 days and to

29.9% when the first episode of use was for ≥31 days. Although ≥31 days of initial opioid prescriptions are not common, approximately 7% do exceed a 1-month supply. Discussions with patients about the long-term use of opioids to manage pain should occur early in the opioid prescribing process, perhaps as early as the first refill, because approximately 1 in 7 persons who received a refill or had a second opioid prescription authorized were on opioids 1 year later. As expected, patients initiated on long-acting opioids had the highest probabilities of long-term use. However, the finding that patients initiated with tramadol had the next highest probability of long-term use was unexpected; because of tramadol's minimal affinity for the μ -opioid receptor, it is deemed a relatively safe opioid agonist with lower abuse potential than other opioids (4). However, a report by the Substance Abuse and Mental Health Services Administration determined that emergency department visits associated with tramadol-related adverse events increased by 145% during 2005–2011 (5). Long-term