**Abstract:**

Background:

Estimates suggest up to 50% of people who inject drugs (PWID) live with chronic pain (intermittent or continuous pain lasting >3 months). However, we know very little about the chronic pain experience of PWID. Many PWID have limited access to medication to help manage their pain due to prescribers’ hesitancy and stigma, potentially increasing self medication and drug-related harms. A better knowledge of access and use of pain medications by PWID for pain management can help address barriers in care and help develop tailored interventions.

Purpose:

The purpose of this study was to describe access and use of pain medication, both opioid and non opioid, among PWID living with chronic pain followed in a long-standing community-based cohort in Montreal.

Result(s):

A total of 543 participants (median age of 45 years, 13.7% women) were included. The prevalence of chronic pain was 46% (n=252). 108/252 (n=43%) noted using alcohol, cannabis, or an illegal drug to help manage their chronic pain. A total of 87/252 (35%) participants were prescribed opioid (n=41, 47%) and/or non-opioid medications (n=59, 68%). 24% (n= 21) of participants reported using their prescribed medication at an increased dose or frequency than that recommended; 23% (n=20) of participants consumed their prescribed medication by a route different from the recommended mode of consumption; 23% (n=20) of participants reported using medication that was not prescribed to them to help manage their pain. Overall, prescribed pain medication was misused in at least one of the above manners by 30% of the participants who reported chronic pain (n=75).

Of the participants who received a chronic pain diagnosis (n=156, 62%), 32% (n=50) visited a physician in the last 3 months due to their pain, and 23/31 (74%) were prescribed pain medication when requested.

**Next Steps:**

Analysis Plan:

Goal: compare substance use and patterns between PWID who have CP and those who do not.

1st: Descriptive stats on the whole sample (n=543): male vs female%, median age, % 40yrs+ vs %39 yrs and below, unstable housing, incarceration, education, OAT, cocaine injection, heroin injection, prescription opioid injection

2nd: Descriptive stats for each group CP vs no CP: male vs female%, median age, % 40yrs+ vs %39 yrs and below, unstable housing, incarceration, education level, OAT, cocaine injection, heroin injection, prescription opioid injection

3rd: Is there a difference in substance use patterns between CP vs no CP group: using T-test and Chi2 (or Mann-Whitney, whatever is appropriate) we identify if there is a significant difference between substance use patterns for each group: type of substance used, frequency of use per substance, mode of consumption per substance, etc

* Interested in: prescription opioids (methadone, suboxone, etc), non-prescription opioids (heroin, etc), cocaine, methamphetamines, tranquilizers, cannabis, psycodelic substance, medication use non medically

4th: Logistic regression informed by previous results: covariates= gender, age (above and below 40yrs old), housing, incarceration, education, OAT etc

* Look at CP vs No CP leading to substance use patterns
* Look at substance use patterns leading to CP

5th: Looking only at CP data, determine how the prevalence of substance misuse in at least 1 way.

6th: GEE to compare concurrent substance use and presence of CP- CAN BE DONE LATER