STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

Title: Dispensations of benzodiazepines, z-hypnotics, and gabapentinoids to patients receiving opioid agonist therapy; a prospective cohort study in Norway from 2013 to 2017

	Item No	Recommendation	Page/attachments
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	1
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2-3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	4-5
Objectives	3	State specific objectives, including any prespecified hypotheses	5
Methods			
Study design	4	Present key elements of study design early in the paper	5-6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	5-9
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	6-7
		(b) For matched studies, give matching criteria and number of exposed and unexposed	N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	5-9
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	6-9
Bias	9	Describe any efforts to address potential sources of bias	7-9
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	7-9
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	9
		(b) Describe any methods used to examine	N/A

		subgroups and interactions	
		(c) Explain how missing data were addressed	N/A
		(d) If applicable, explain how loss to follow-	N/A
		up was addressed	
		(<u>e</u>) Describe any sensitivity analyses	8-9
Results			
Participants	13*	(a) Report numbers of individuals at each	10-11
•		stage of study—eg numbers potentially	
		eligible, examined for eligibility, confirmed	
		eligible, included in the study, completing	
		follow-up, and analysed	
		(b) Give reasons for non-participation at each	N/A
		stage	1771
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants	10-11, and Table 1.
Descriptive data	14	• • •	10-11, and 1 able 1.
		(eg demographic, clinical, social) and information on exposures and potential	
		• •	
		confounders (b) Indicate grapher of porticipants with	N/A
		(b) Indicate number of participants with	N/A
		missing data for each variable of interest	10.11 T.11 2 T.11 2 T'
		(c) Summarise follow-up time (eg, average	10-11, Table 2, Table 3, Figure
		and total amount)	1, Figure 2, Additional file 5,
			Additional file 6, Additional file
			7, and Additional file 9.
Outcome data	15*	Report numbers of outcome events or	10-11, Table 2, Table 3, Table 4,
		summary measures over time	Figure 1, Figure 2, Additional
			file 5-9
Main results	16	(a) Give unadjusted estimates and, if	10-11, Table 4, and Additional
		applicable, confounder-adjusted estimates	file 8.
		and their precision (eg, 95% confidence	
		interval). Make clear which confounders	
		were adjusted for and why they were	
		included	
		(b) Report category boundaries when	10-11, Table 4, and Additional
		continuous variables were categorized	file 8.
		(c) If relevant, consider translating estimates	N/A
		of relative risk into absolute risk for a	
		meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of	10-11, Additional file 4
		subgroups and interactions, and sensitivity	
		analyses	
Discussion			
Key results	18	Summarise key results with reference to	12
-		study objectives	
Limitations	19	Discuss limitations of the study, taking into	14
		account sources of potential bias or	
		imprecision. Discuss both direction and	
		magnitude of any potential bias	
Interpretation	20	Give a cautious overall interpretation of	12-14

		results considering objectives, limitations, multiplicity of analyses, results from similar	
		studies, and other relevant evidence	
Generalisability	21	Discuss the generalisability (external	12-14
		validity) of the study results	
Other information			
Funding	22	Give the source of funding and the role of the	16
		funders for the present study and, if	
		applicable, for the original study on which	
		the present article is based	

^{*}Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.