The use of opioid analgesics for the management of pain has increased in recent years. Although it has been suggested that opioid analgesics increase the risk of community-acquired pneumonia (CAP), little research has addressed this concern. The objective of this study is to determine whether immunosuppressive opioid analgesics increase the risk of CAP that required hospitalization. The population studied will consist of adults aged 18 years or older who are new opioid users at any time during the cohort entry (January 1, 1999 to December 31, 2013). All data will come from the Clinical Practice Research Datalink and an associated database, the Hospital Episode Statistics. In this proposal, new opioid users are patients who received a first prescription of opioids during the cohort entry, without any recorded opioid prescription in the prior two years. All eligible patients will be followed until a first hospitalization for CAP occurs during the study period, end of registration with the general medical practice, death from any cause, development of any exclusion criteria during follow-up, or end of the study period, whichever comes first. We will identify all cases of CAP and controls free of CAP, occurring during follow-up by searching all episodes of CAP in the HES database. This study will provide the medical community with further evidence on the relationship between immunosuppressive opioids and CAP.