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S Y S T E M

Title:	Prescription opioid abuse predicts first admission into methadone maintenance treatment
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Abstract:

Aims: To determine which prescription opioids (POs) (as well as other factors) contribute to first admission into methadone maintenance treatment (MMT).

Methods: A national survey was conducted among 22,846 patients enrolling in 85 MMT programs between Jan. 2005 and Sept. 2009. (Regions where PO abuse was believed to be prevalent were oversampled.) A logistic regression model for predicting first MMT episode was constructed. Interview date, age, gender, race, region, chronic pain, craving, withdrawal severity, and urbanicity were included as covariates. Past month heroin use and 10 POs (buprenorphine, hydrocodone, morphine, hydromorphone, fentanyl, extended release oxycodone, immediate release oxycodone, methadone liquid, methadone disks, and methadone pills) also were included as potential predictors. (Separate methadone formulations were included because disks and liquid are typically dispensed at MMT programs and pills are typically prescribed to pain patients and dispensed at pharmacies.) Adjusted odds ratios (AOR) for effects $p < .01$ are reported.

Results: Mean age was 34, 79% were white, 40% female, 60% living in counties with $> 1M$ residents, 41% chronic pain, 56% used heroin and 72% used one or more POs. First admission MMT enrollees (50%) were more likely to be using hydrocodone (AOR=1.48), extended release oxycodone (AOR=1.42) and immediate release oxycodone (AOR=1.29) and less likely to be using heroin (AOR=0.56), methadone liquid (AOR=0.38), and hydromorphone (AOR=0.83). New enrollees were also more likely to be younger, living in nonurban areas, male, white, have chronic pain, have higher drug craving, and a more recent enrollment date.

Conclusions: First MMT episode is associated with several, but not all types, of POs. Characteristics correlated with first MMT episode suggest a different demographic than has traditionally been associated with MMT enrollment.

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