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S Y S T E M

Title:	Heroin use is a risk factor for injecting prescription opioids
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Abstract:

Aims: To describe the prevalence and correlates of prescription opioid (PO) injection among patients enrolling in opioid treatment programs (OTPs).

Methods: Enrollees in 5 OTPs who were abusing POs completed a survey regarding non-medical opioid use and injection. Demographics and opioids used in the past month were entered (stepwise) in a logistic regression model to predict injection of POs. Significance was $p < .05$.

Results: Among the 752 OTP enrollees, 423 (56%) reported using POs during the past month. Among these PO users mean age was 35, 56% were male; race/ethnicity was 73% White, 8% Black, 14% Latino. The most frequently abused POs were oxycodone (56%), hydrocodone (48%), and methadone (36%); 61% had used heroin in the past month. More than half (54%) reported injecting any opioid in the past month; 45% injected heroin, 37% injected POs. Among PO users who also used heroin, 78% (200/257) reported injecting any opioid and 51% (130/257) reported injecting POs. The past month injection rate among enrollees who did not use heroin in the past month was 16% (27/166) and 10% (8/84) among those who had never used heroin. The univariate relationship between past month heroin and past month PO injection was $OR=5.30$ (CI: 3.29 to 8.57). In the multivariate model, opioids used in the past month that significantly predicted PO injection were heroin ($OR=5.61$), hydrocodone ($OR=.637$), and fentanyl ($OR=2.18$). Black ethnicity also predicted PO injection ($OR=2.24$). When a covariate representing PO as a primary drug was forced entered into this model, heroin use (either lifetime or past 30 days) remained a significant predictor of PO injection. In a separate model, current and lifetime heroin use were simultaneously entered as covariates and each was significantly associated with PO injection.

Conclusions: Current and past heroin use is strongly associated with injection of POs even among opioid dependent patients who identify a PO as their primary drug. Targeted HIV/HCV screening and prevention protocols may be needed for PO abusers with a heroin use history.

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