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S Y S T E M

Title:	Non-opioid substance use among opioid-dependent patients enrolling in opioid treatment programs: a latent class analysis
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Abstract:

Aims: To determine whether distinct classes of enrollees into opioid treatment programs (OTPs) can be classified based on their non-opioid substance use.

Methods: Self-report data on past 30 day illicit substance use (opioids, alcohol, non-opioid prescription and illegal drugs) and sociodemographics were collected from a nationwide sample of 7,979 enrollees into OTPs (primarily methadone maintenance). Latent class analysis (LCA) was used to classify subjects based on their non-opioid substance use and multinomial logistic regression was used to predict these substance use groups based on type of opioid drugs used and other characteristics (demographics, pain, treatment history).

Results: The most frequently used non-opioid drugs were cannabis (40%), antianxiety medications (34%) and cocaine (25%). LCA identified a 5-class (C) model. C1 (58.7%), had low risk of using non-opioid drugs. C2 (23.5%) had high risk of using anti-anxiety drugs and moderate risk of cannabis. C3 (8.8%) had high risk of using non-opioid prescription drugs (anti-anxiety, sleep, and muscle relaxant drugs) and cannabis. C4 (6.2%) had high risk of using marijuana and cocaine. C5 (2.8%) had high risk of using all non-opioid drugs. Compared to C1 (the low-using group), participants in the other classes were younger, female, tobacco users, had chronic pain, inject opioids, and used both prescription opioids and heroin. The two non-opioid prescription drug groups (C2, C3) were more likely to report chronic pain and use prescription opioids. C4 (marijuana/cocaine users) and C5 (polydrug users) were more likely to report injection.

Conclusions: Aggregation of substance use may obscure important subgroup differences in patterns of illicit non-opioid drug use. The identification of two groups that primarily misuse prescription drugs and that have comparatively high rates of chronic pain suggests that self-medication may play a role among sub-groups of OTP patients.

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